

Name
in
Full

Neagara Adams

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1908

March 25

Age

80

Sex

Color or
Race

Black

Birth-
place

Md

Occupation

None

Where Residing if not
at place of death

Anne

Married, Single
or Widowed

Widow

Name of Wife or
Husband

S. Adams, deceased

Father's
Name

Oth. Beall

Father's
Birthplace

Md

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Md

Name of person giving
Information

Williams Adams

How related
to deceased

Son

CAUSES OF DEATH

112

How long

3 years

Primary

Alcoholism

How long

6 months

Immediate

Cirrhosis of the liver

How long

6 months

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dugay Jones

PHYSICIAN
OR CORONER

Accident or Suicide?

✓

NO



Name
in
Full

Rachel Coshus Bell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died <input checked="" type="checkbox"/> near Brooklawn		Town	County		MARYLAND	
Date of death	1908	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Montg.			
Occupation	General Housework			Where Residing if not at place of death	Howard Co., Md.	
Married, Single or Widowed	Name or Wife or Husband		John Bell		Father's Birthplace	Howard Co.
Father's Name	Perry Coshus				Mother's Birthplace	" "
Mother's Maiden Name	Harriet Coshus				How related to deceased	Sister in law
Name of person giving information	Rachel Coshus				How long	2 years

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary Senile Dementia

Immediate Hemiplegia

Are the name, age, sex, color, date and place correctly given above?

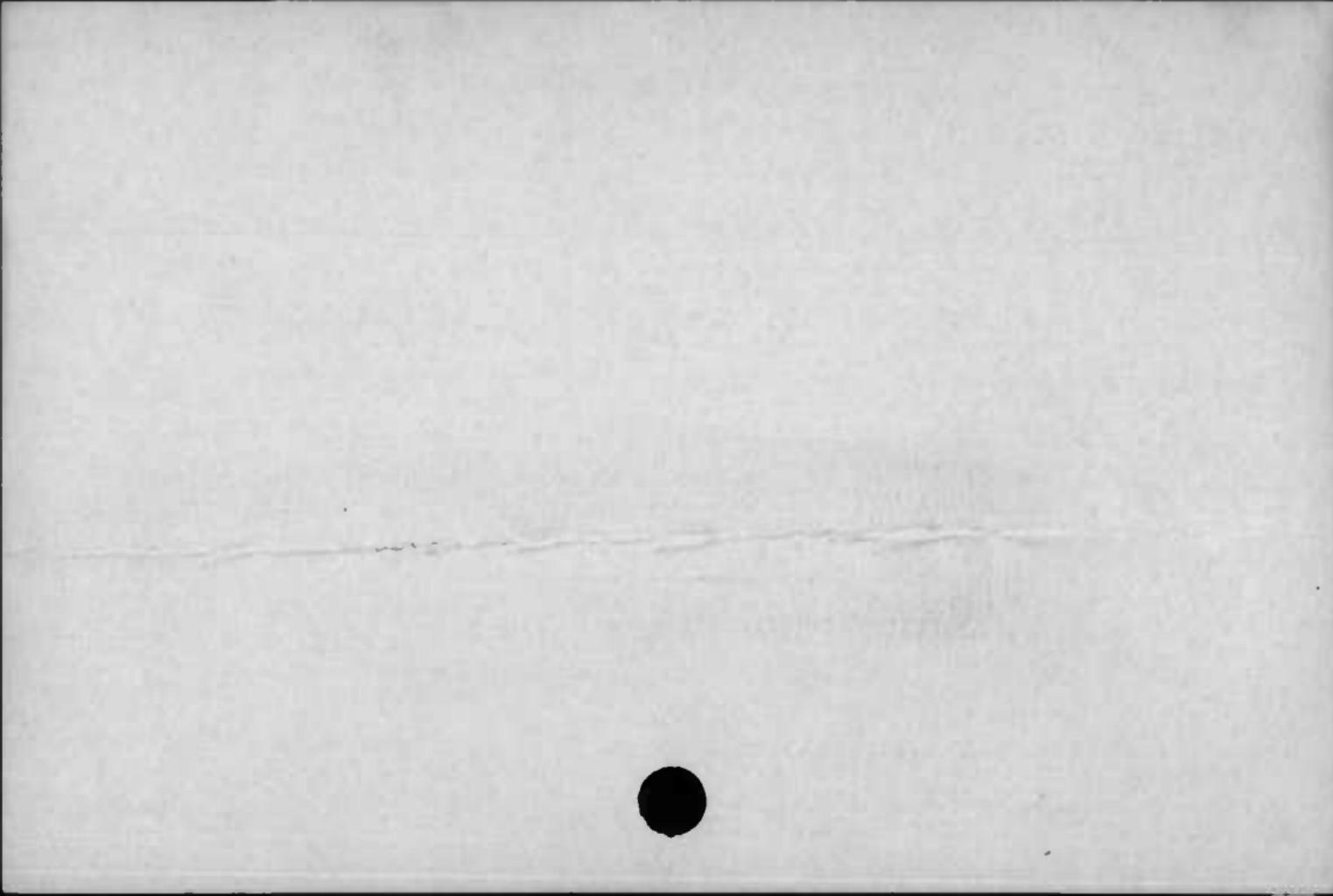
Yes

Signature of Physician

Aug. Stabler

Brighton Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Marcy C Best

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Years	Months	Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

Germantown Montgomery Germantown

1908 March 11 7

Female white Germantown

Occupation _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Elsworth Best Germantown

Margret C Purser Germantown

H W Burgess

How long

How long

None

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary

Immediate

Bronchitis

Are the name, age, sex, color, date and place correctly given above?

yes

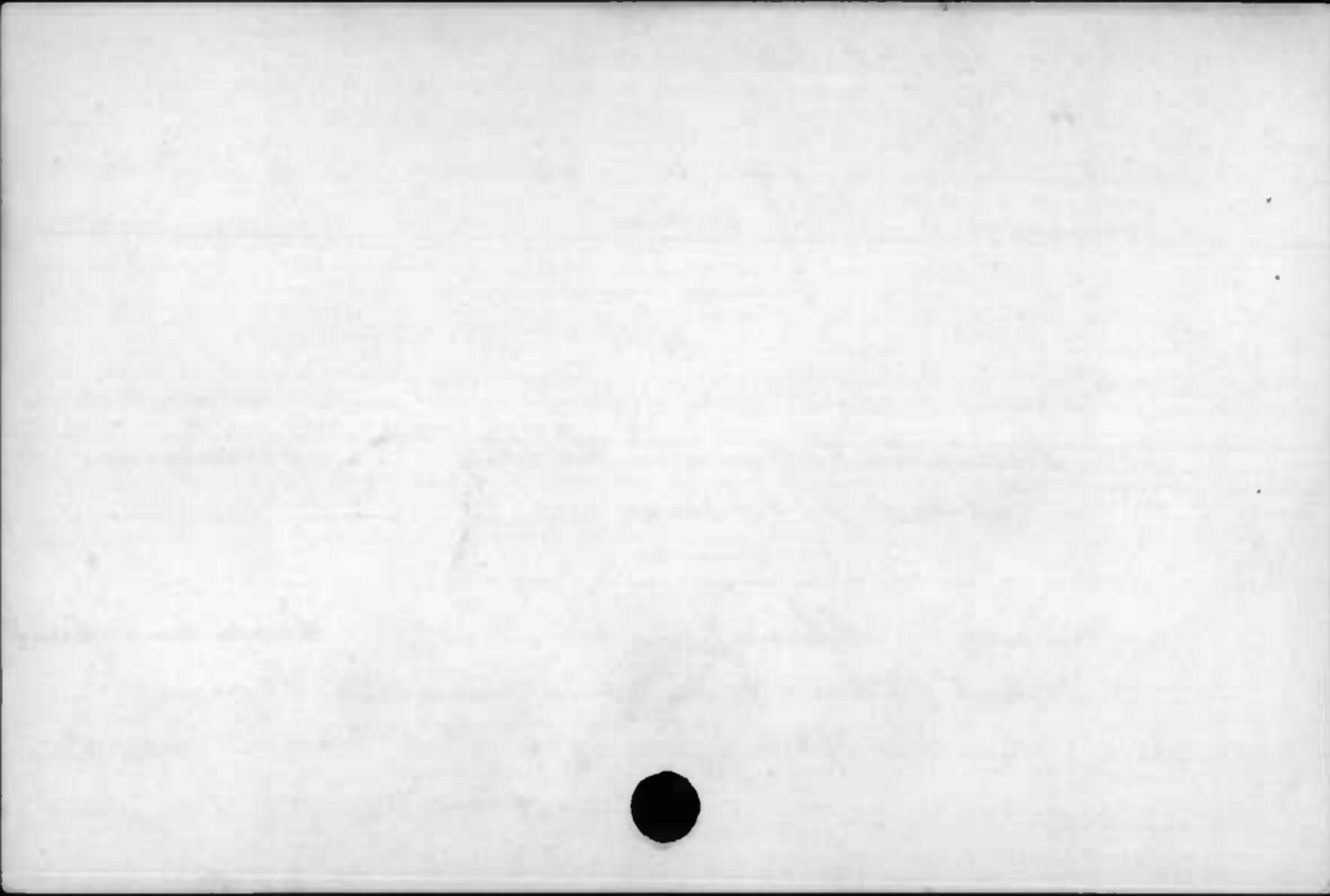
Signature of Physician

E. H. Etchison

Address

Gathersburg

Accident or Suicide?



Name
in
Full

Bessie Bell Bowman

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>near Laytonville</u>		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>March</u>	Day <u>19</u>	Years <u>10</u>	Months <u>11</u>	Days <u>23</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Montgomery Co</u>			
Occupation <u>none</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Fred F. Bowman</u>	Father's Birthplace <u>Montgomery Co</u>				
Mother's Maiden Name <u>Martha Lafosnia Sibley</u>	Mother's Birthplace <u>Montgomery Co</u>				
Name of person giving information <u>Fred F. Bowman</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

63

How long

Since an infant

How long

Several hours

Primary

Infantile Spinal Paralysis

Immediate

Heart failure from General exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

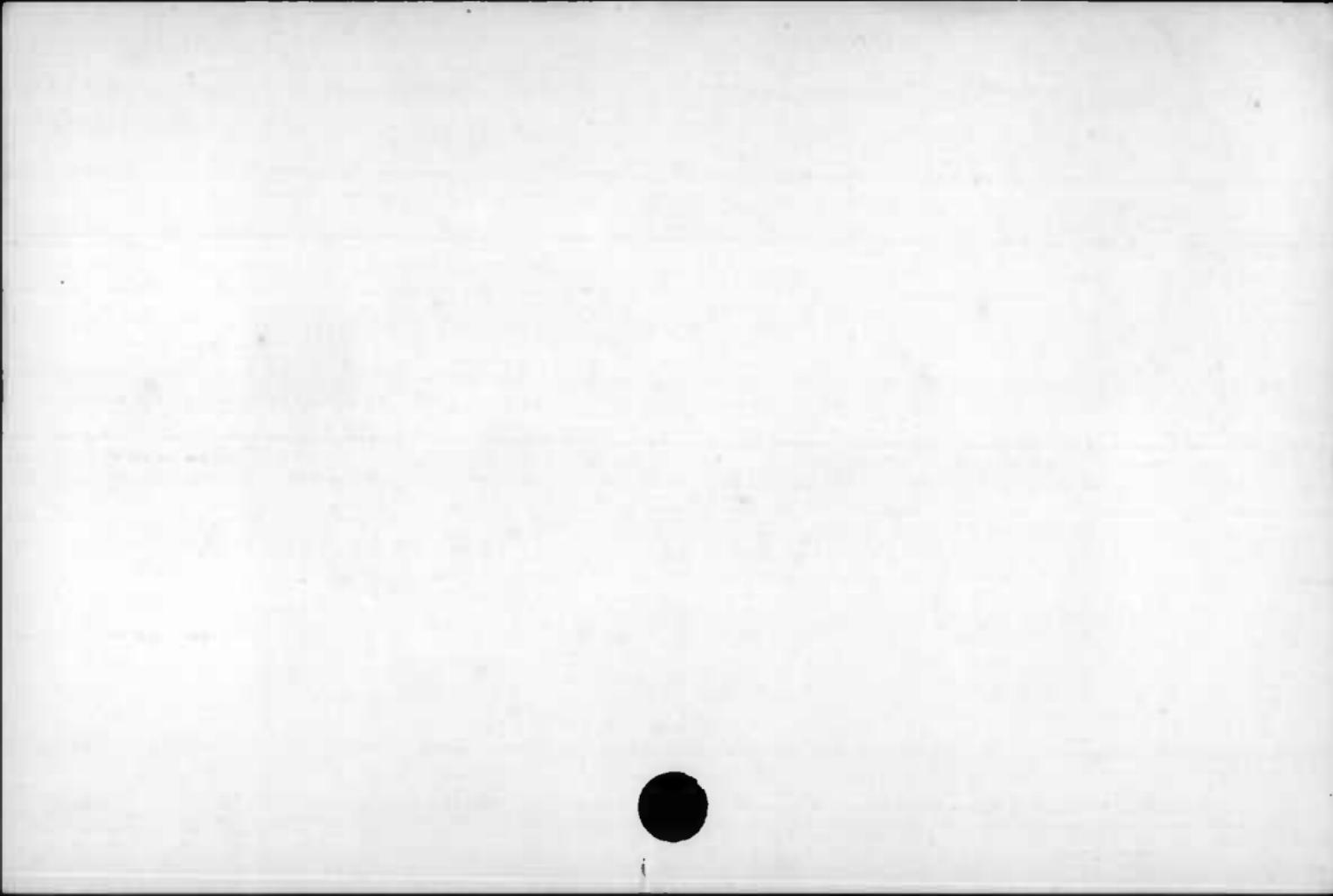
Signature of Physician

Address

V H Dyson M.D.

Laytonville Ind

Accident or Suicide?



Name
in
Full

Charlotte Craig Brando.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Takoma Park -		Town		County		MARYLAND		
Date of death 1908	Month Mar -	Day 23 rd	Years 30			Months	Days	
Sex Female -	Color or Race white.				Birth-place		Pa.	
Occupation Artist	Where Residing if not at place of death			Morgan town Pa -				
Married, Single or Widowed	Name of Wife or Husband		Joseph W. Brando.					
Father's Name Harry Craig.					Father's Birthplace		Unknown	
Mother's Maiden Name Melida Dugan -					Mother's Birthplace		Unknown	
Name of person giving information Joseph - Brando					How related to deceased		Husband.	

CAUSES OF DEATH

79

How long

Primary	Mitral Insufficiency	8 years about
Immediate	Dropical Effusion -	4 months

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes - so far as I am able

Address

Lauretta E. Kress -

Accident or Suicide?

(over)

Takoma Park
Washington D.C.

L. M. Moore

Registrar Takoma Park
(S.D.A. Sanitarium.) Md-

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Jane Brown

CERTIFICATE OF DEATH

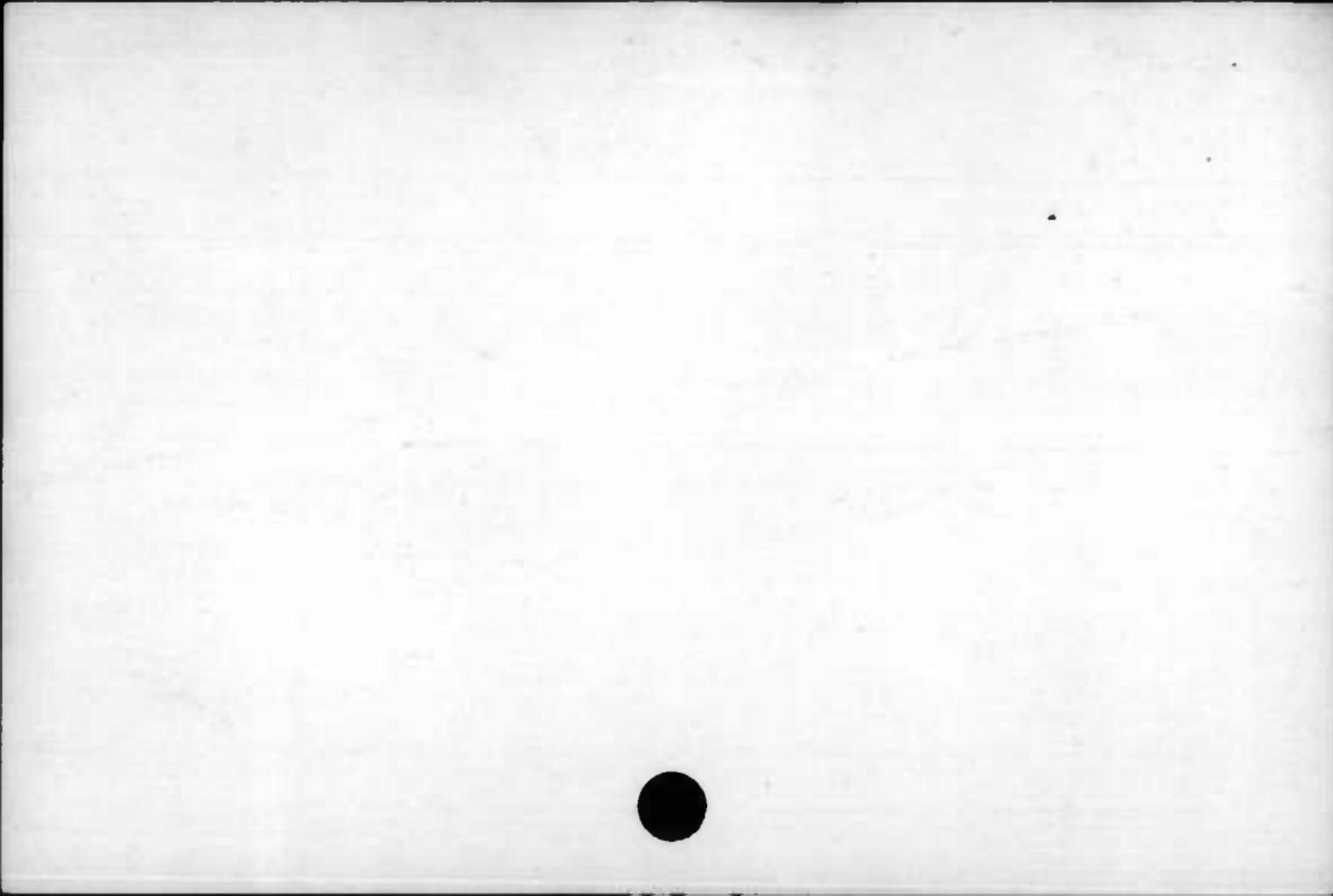
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	March	8	80	2	2
Sex	Color or Race	Montgomery Co.			
Female	Colored	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	David Brown			
Father's Name	Montgomery Co.				
Mother's Maiden Name	Montgomery Co.				
Name of person giving information	How related to deceased				
Richard D. Dorsey	Grand Son				

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	Hypertension & pneumonia	
Immediate	Delitation of Heart	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	Montgomery Co.	



Name
in
Full

Rebecca Butt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Rockville Town		County Montgomery		MARYLAND	
Date of death 1908	Month 3	Day 7	Years 61	Months —	Days —
Sex Female	Color or Race White	Birth-place Maryland			
Occupation Housewife	Where Residing if not at place of death X				
Married, Single or Widowed Married	Name of Wife or Husband Robert M. Butt				
Father's Name John Ricketts	Father's Birthplace Maryland				
Mother's Maiden Name Willie Ray	Mother's Birthplace Maryland				
Name of person giving information John L. Mills	How related to deceased Not at all				

CAUSES OF DEATH

33

Primary **Tuberculosis of liver** How long **Ten years**

Immediate **Obstruction**

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

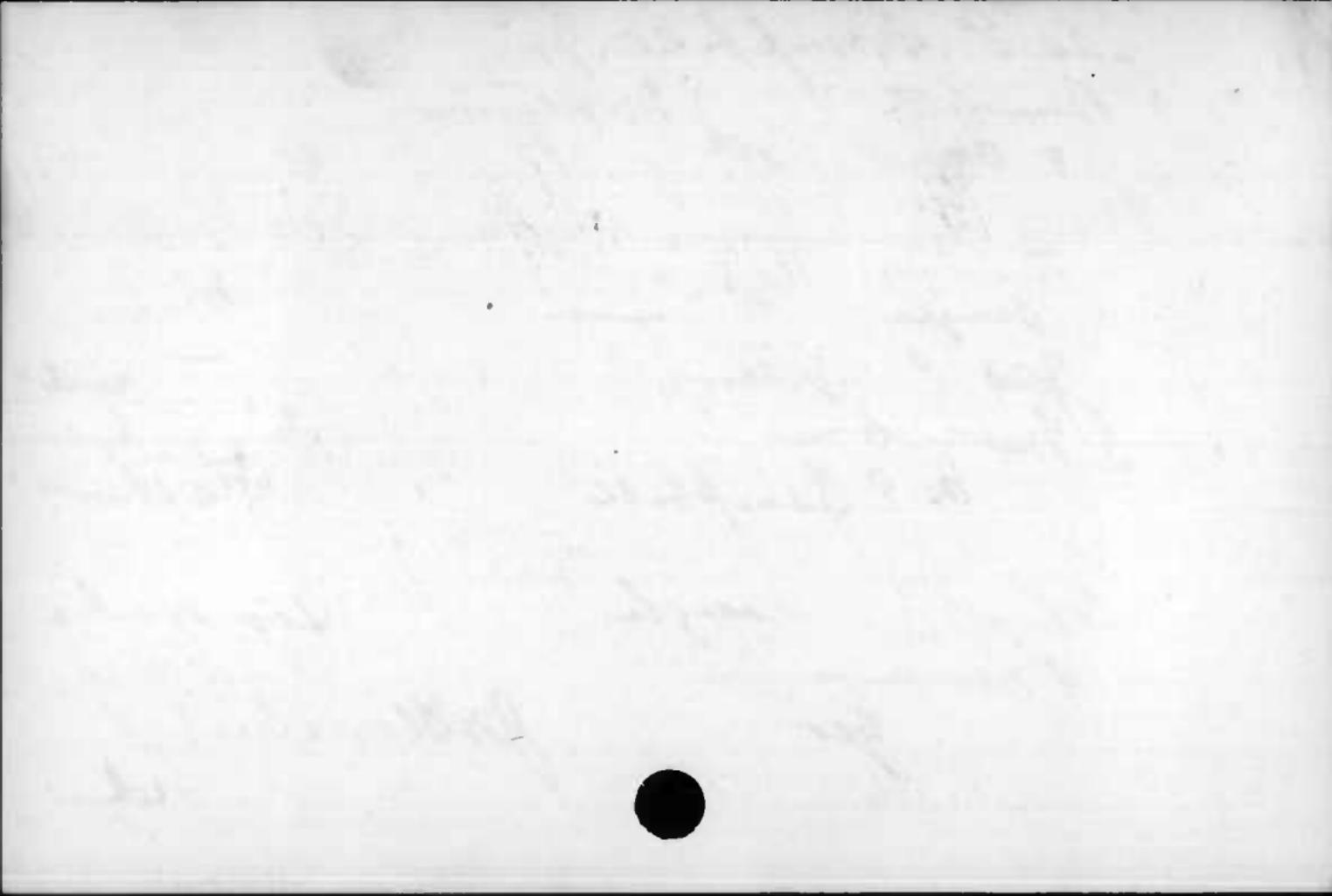
Edward Anderson M.D.

Address

Rockville, Md.

PHYSICIAN
OR CORONER

Accident or Suicide? **No**



Name
in
Full

Jas E Campbell Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Burndette	Montgomery			
Date of death	Month	Day	Years	Months	Days
1908	March	30th	Age	0	—
Sex	Color or Race	Birth-place	Burndette Md		
Male	Colored				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	—			
Father's Name	Jas E Campbell				
Mother's Maiden Name	Mary Ery				
Name of person giving Information	Jas E Campbell				

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary Coughing Cough

How long

Six weeks

Immediate Pneumonia

How long

Five days

Are the name, age, sex, color, date and place correctly given above?

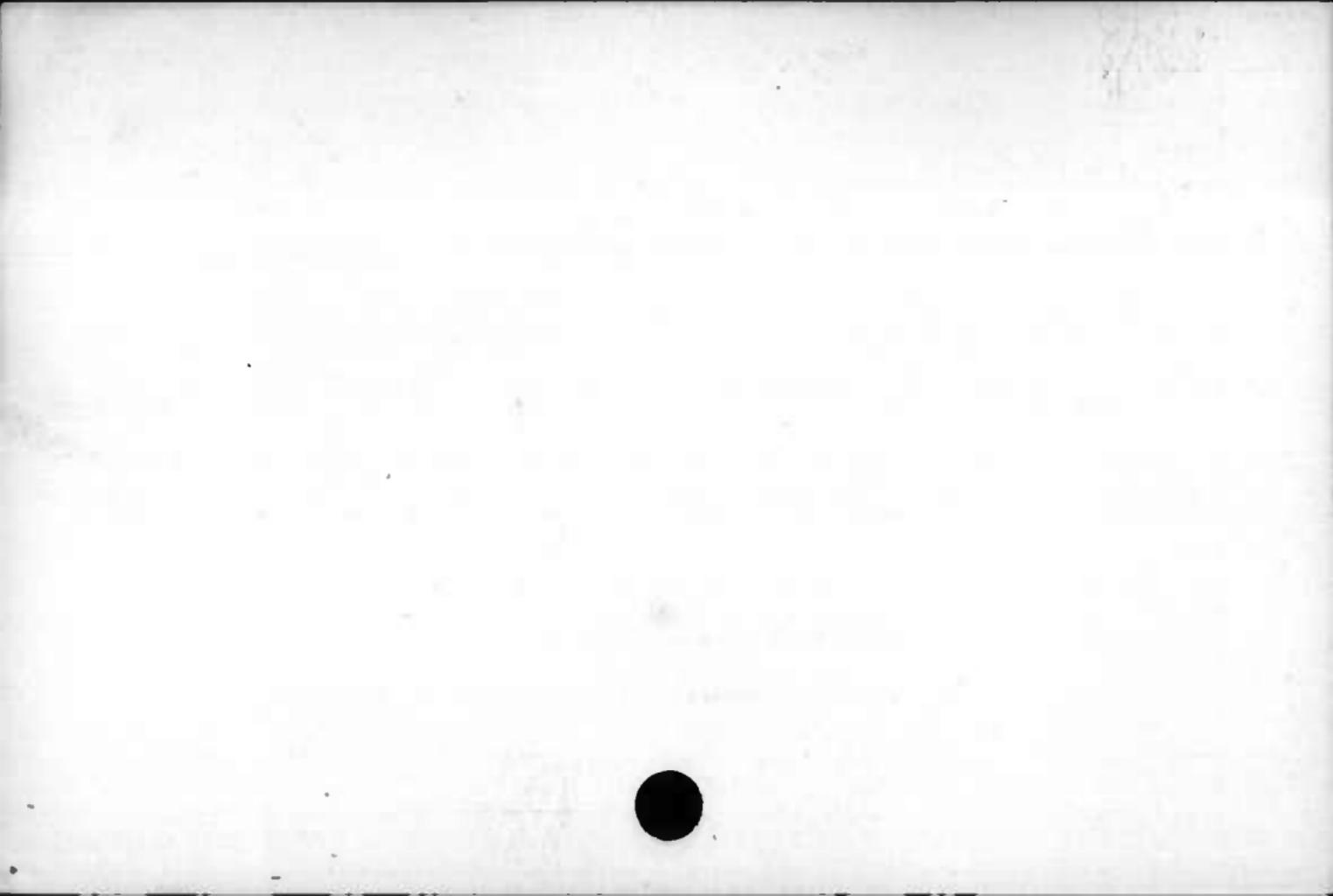
Yes

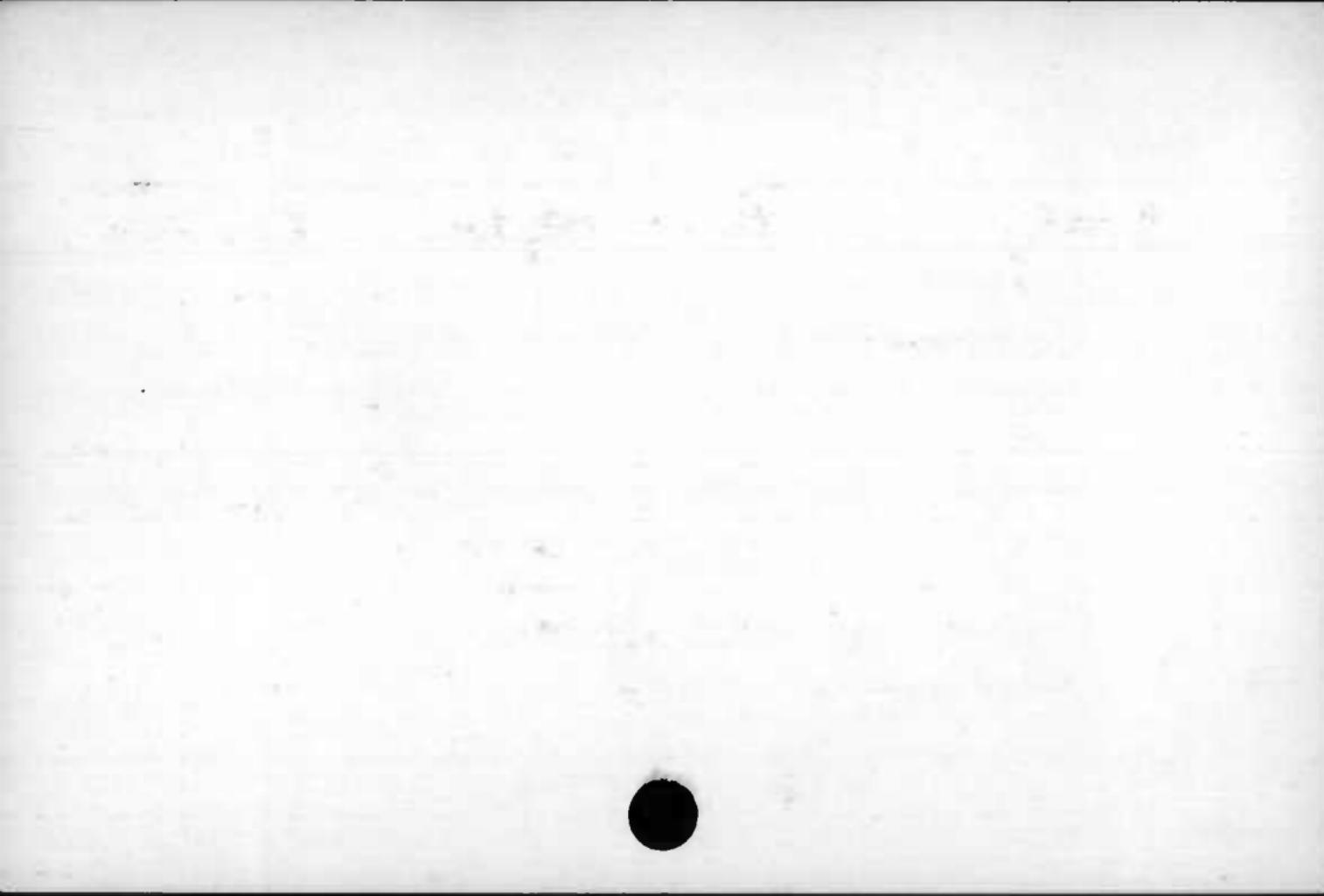
Signature of Physician

Address

J. E. Campbell Jr
Burndette Md

Accident or Suicide?





Name
in
Full

Thomas Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Died at	Sandy Spring	Maryland		Months	Days	
Date of death 1908	Monte 3 rd	Day 18	Age 67	11	23	
Sex Male	Color or Race Brown African	Occupation Laborer	Birth-place Virginia			
Married, Single or Widowed	Married					
Name of Wife	Loydian Carter					
Father's Name	Matthew		Father's Birthplace Virginia			
Mother's Maiden Name	Matthew		Mother's Birthplace Virginia			
Name of person giving Information	Charles Hinman		How related to deceased Son in Law			

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary

Carcinoma of stomach

How long

14 minutes

Immediate

asthenia

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Roger Brower
Sandy Spring
Md



Accident or Suicide?

Name
in
Full

William H. Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	March	5 th	68	6	27
Sex	Color or Race	Birth-place			
Male	Colored	Montg. Co. Md.			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mary Elizabeth Cook.			
Father's Name	John Cook				
Mother's Maiden Name	Mary Sampson				
Name of person giving information	Charles Cook				

CAUSES OF DEATH

64

Primary ^{of heart} Valvular insufficiency, mitral. Eight months
How long
Immediate Hypertrophy. How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

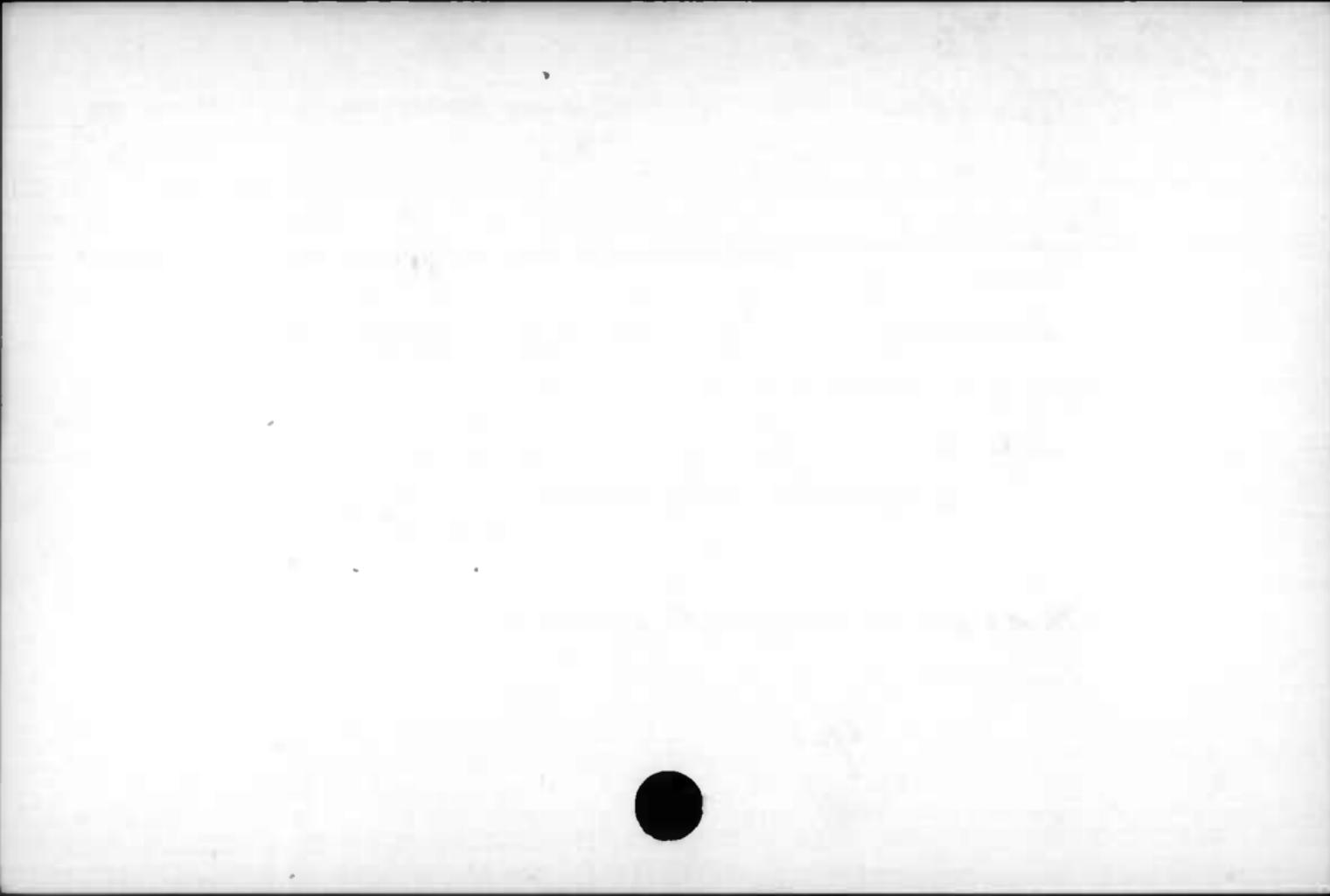
Address

Clas. Farquhar

Olney

Md.

Accident or Suicide?



Name
in
Full

Amanda Councillman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

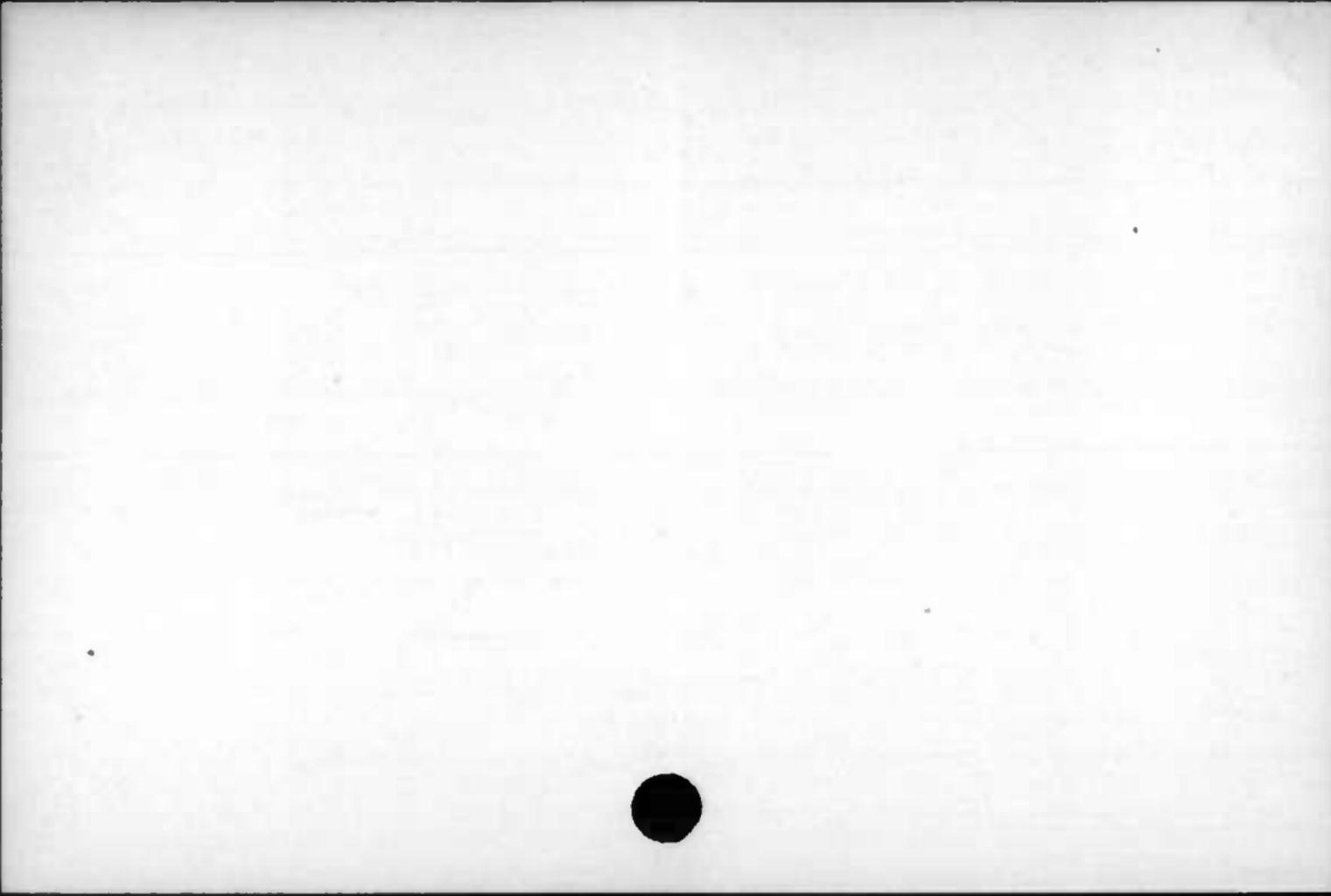
Died at <u>Bethesda</u>		Town <u>Bethesda</u> County <u>Montgomery</u>		MARYLAND		
Date of death	1908	Month 3	Day 26	Age 67	Years	Months 4 Days 20
Sex	Female	Color or Race	collier			
Occupation	Financier		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	✓			
Father's Name	John Councillman		✓			Father's Birthplace Penna.
Mother's Maiden Name	Matilda Ferry		✓			Mother's Birthplace Montg. Co. Md.
Name of person giving information	Virginia Perry		✓			How related to deceased Sister

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's Disease & Heart		How long	2 yrs.
Immediate	Pneumonia & Bright's Disease		How long	60 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John L. Lewis M.D.	
		Address	Bethesda Md.	
Accident or Suicide?				



Name
in
Full

Susan A. Dawson.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died at Dawsonville	Montgomery					
Date of death 1908	Month 3	Day 21	Age 79.	Years	Months 7.	Days 14
Sex Female	Color or Race White		Birth-place Dawsonville Md.			
Occupation Housekeeper	Where Residing if not at place of death —					
Married, Single or Widowed	Name of Wife or Husband —					
Father's Name Benoni Dawson	Father's Birthplace Kent Co. Md.					
Mother's Maiden Name Margaret Clarendon	Mother's Birthplace Kent Co. Md.					
Name of person giving information U. D. House	How related to deceased None.					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Bronchitis

How long

4 mos.

Immediate

Severe pneumonia

How long

4 da.

Are the name, age, sex, color, date and place correctly given above?

Yes.

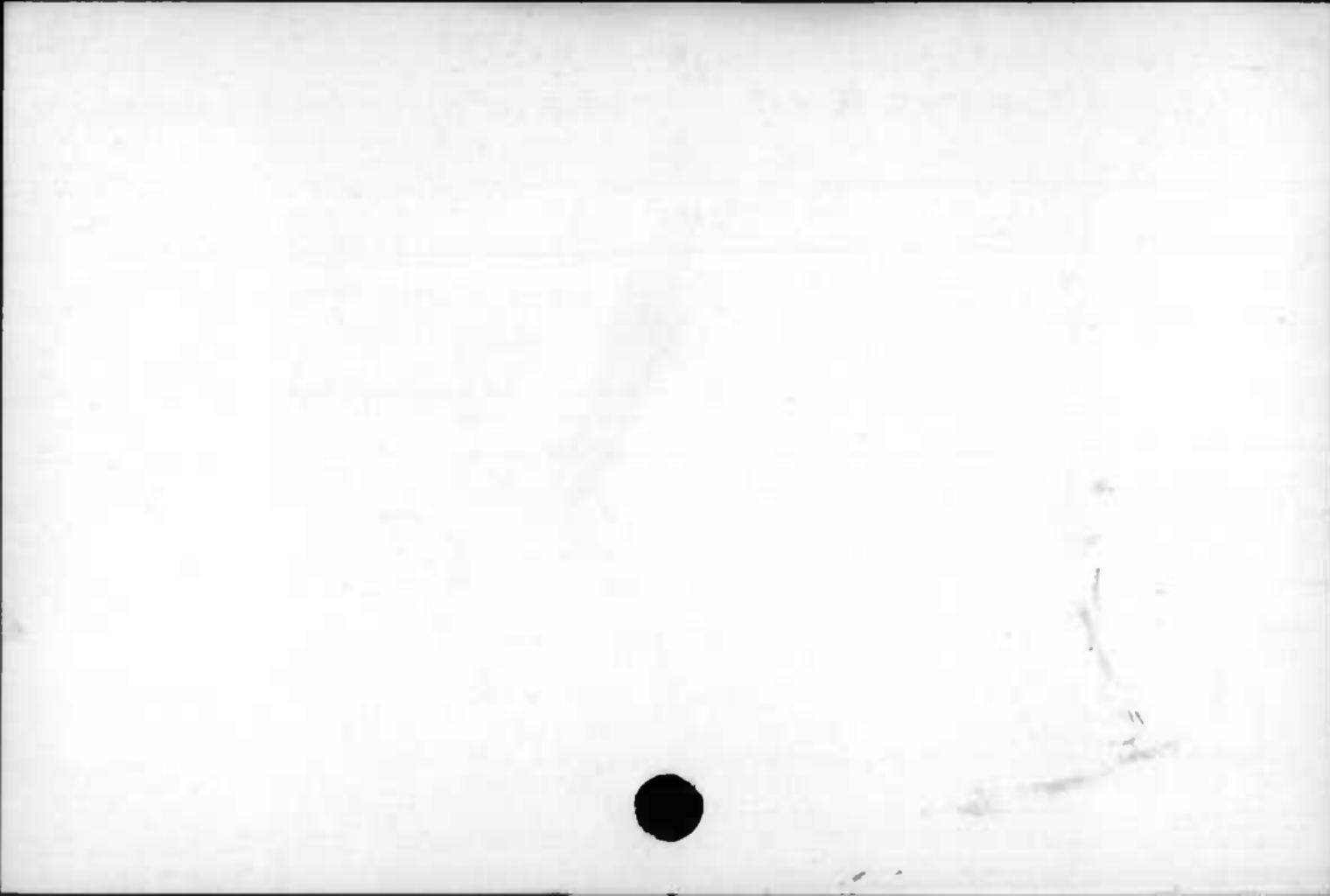
Signature of Physician

Address

U. D. House

Dawsonville Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William John Frederick

CERTIFICATE OF DEATH

MARYLAND

Died at ~~home~~ Blackberry

Town County

Montgomery

Date of death 1908 Month

Day

Years

Age

87

Months

5

Days

Sex Male Color or Race

White

Birth-place Fred. Co. Md.

Occupation Blacksmith

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Leonta Hadley

Father's Name

Not Known

Father's Birthplace

Germany

Mother's Maiden Name

Not Known

Mother's Birthplace

Not Known

Name of person giving
Information

Thomas F. Tracy

How related
to deceased

Son-in-Law

CAUSES OF DEATH

154

Primary

Final Disability Accid & age

How long

Immediate

Burn on leg -

How long

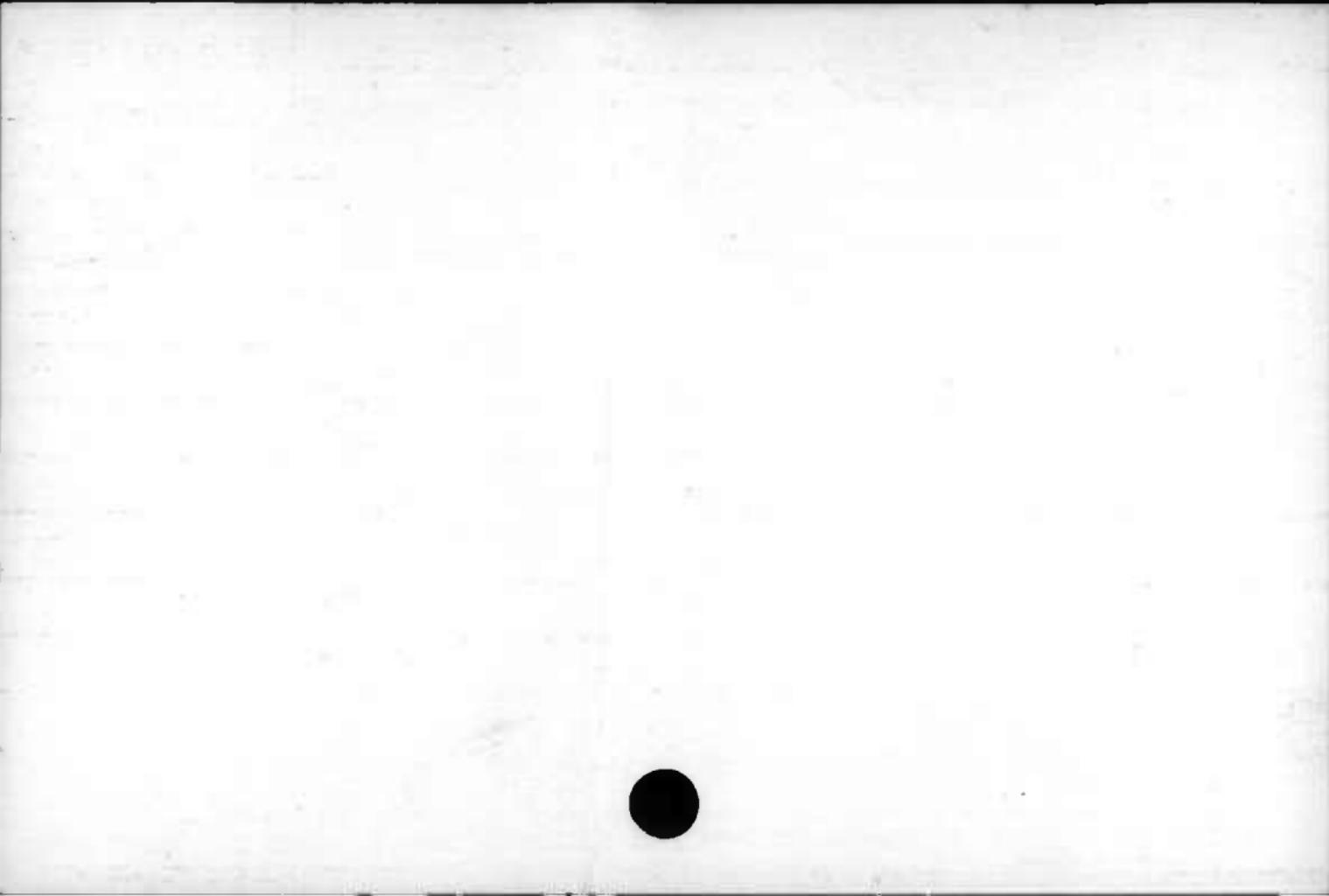
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. Deely
Blackberry Md.

Accident or Suicide?



Name
In
Full

Bertha Virginia Fairfax

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at Martinsburg	Montgomery	1908	Month	Day
Date of death	March	9	Age	Years 18 Months 18 Days
Sex Female	Color or Race	Blacks	Birth-place	Martinsburg
Occupation	Where Residing if not at place of death	Wife		
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Robert Fairfax	Father's Birthplace	Lexington Va	
Mother's Maiden Name	Sarah C Johnson	Mother's Birthplace	Rockville	
Name of person giving information	Richard Jackson	How related to deceased	none	

CAUSES OF DEATH

93

How long

one week

How long

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

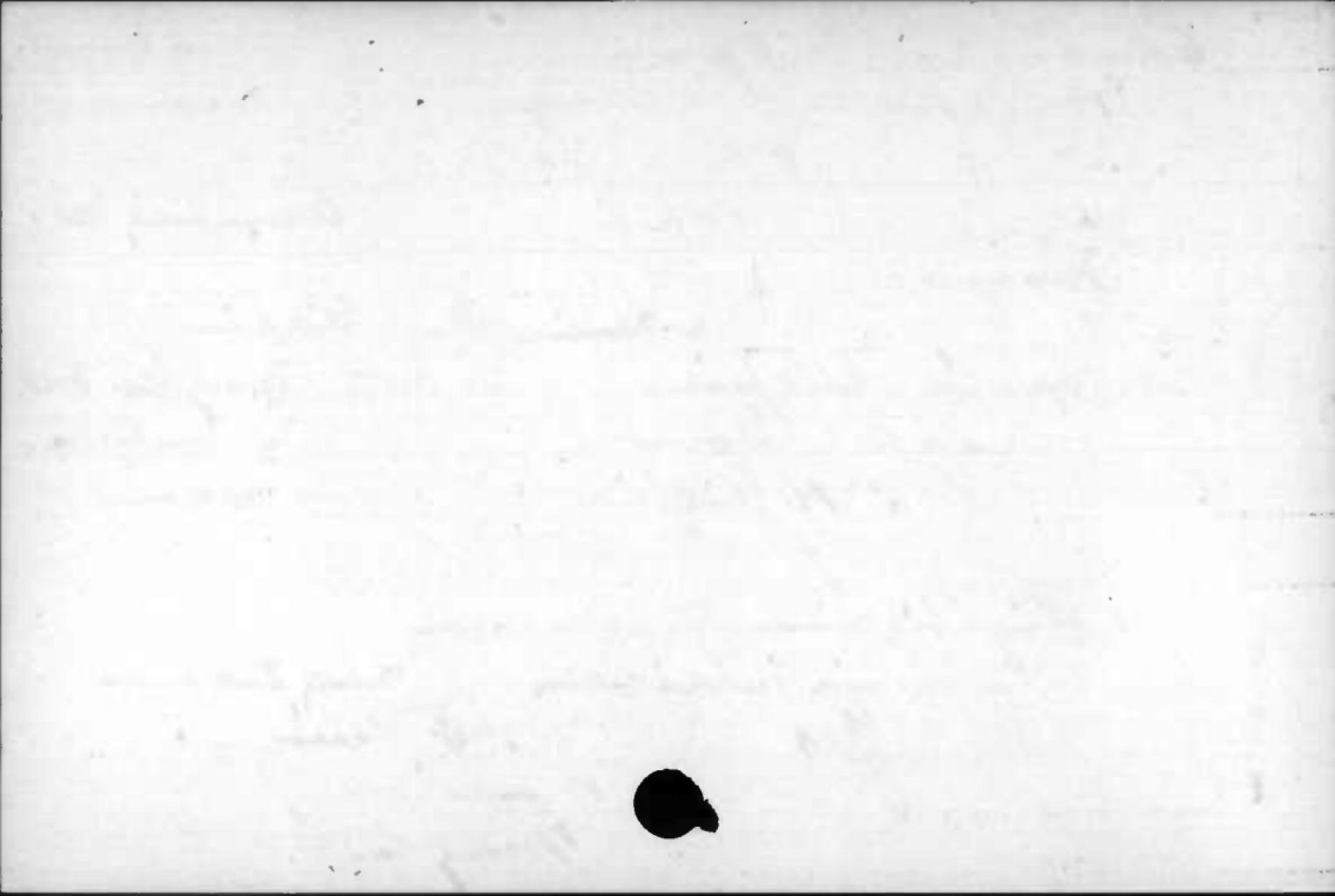
Dr E W White

Address

Rockville

Accident or Suicide?

Dr



Name
in
Full

Edward C. Gilpin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1908		3	9	80	—	—
Sex	Hale	Color or Race	White		Birth-place	
Occupation	Farmer		Where Residing if not at place of death		—	
Married, <u>single</u> or Widowed	Name of Wife or Husband		Asenie Fearn Gilpin		—	
Father's Name	Sam'l Gilpin		Father's Birthplace		Montgomery Co. Md.	
Mother's Maiden Name	Rachel Gover		Mother's Birthplace		London Co. Va.	
Name of person giving information	Wm. H. Gilpin		How related to deceased		Son	

CAUSES OF DEATH

120

Hour long

Primary

Bright's disease with heart complication

How long

Immediate

Uraemic intoxication

Probably two weeks

PHYSICIAN
OR GROWNER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

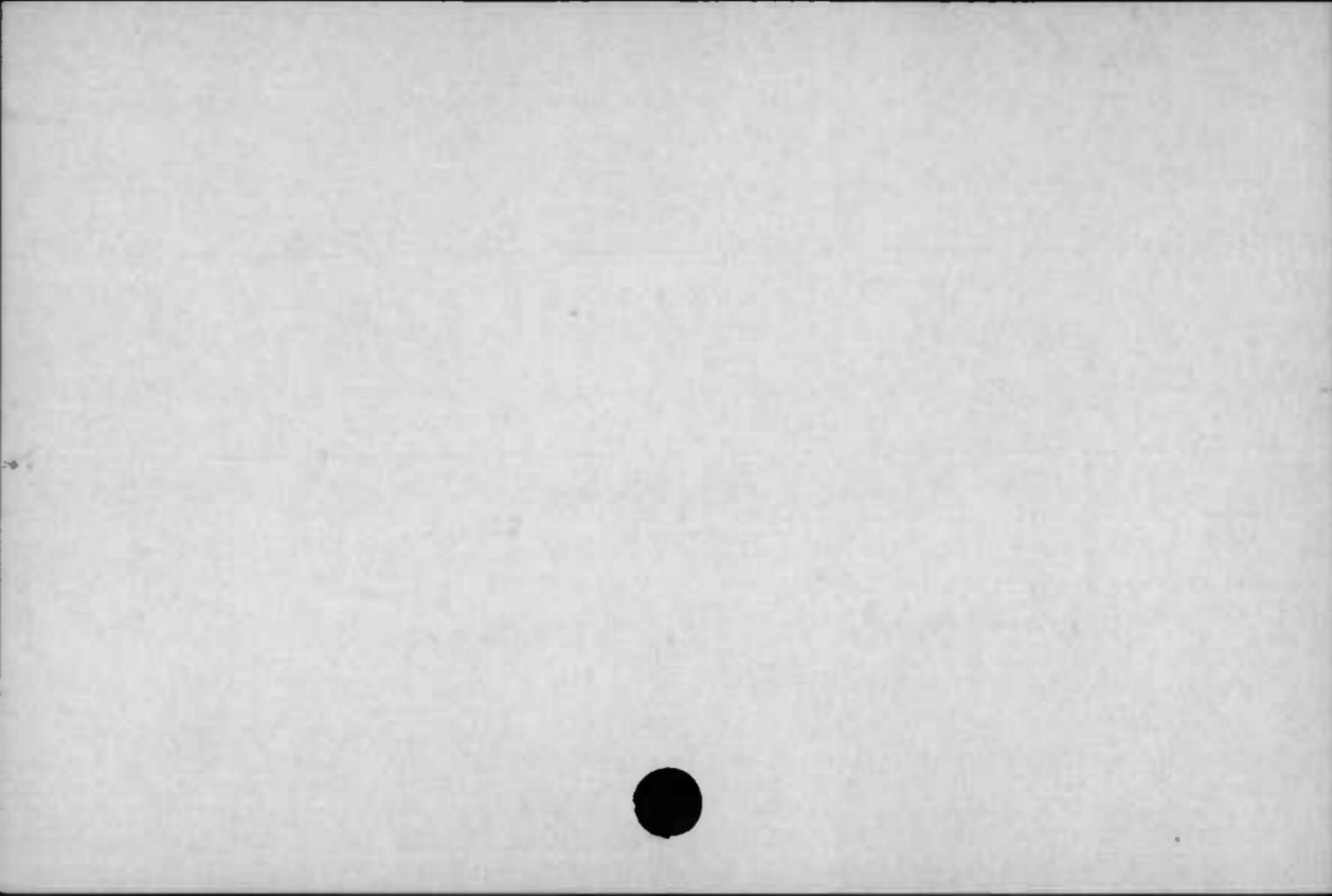
Wm. H. Gilpin

Address

Brockville,

Maryland.

Accident or Suicide?



Name
in
Full

Josiphine Greenfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Bethesda			Montgomery			
Date of death	1908	Month 3	Day 19	Years Age 26	Months	Days
Sex	Female	Color or Race	white		Birth- place	Virginia
Occupation	House-wife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Walter H. Greenfield			
Father's Name	Joseph Edwards		Father's Birthplace Virginia			
Mother's Maiden Name	Mollie Powell		Mother's Birthplace Virginia			
Name of person giving Information	Norman Edwards		How related to deceased Brother			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

3 months

Immediate

Exhaustion

How long

✓

Are the name, age, sex, color, date
and place correctly given above?

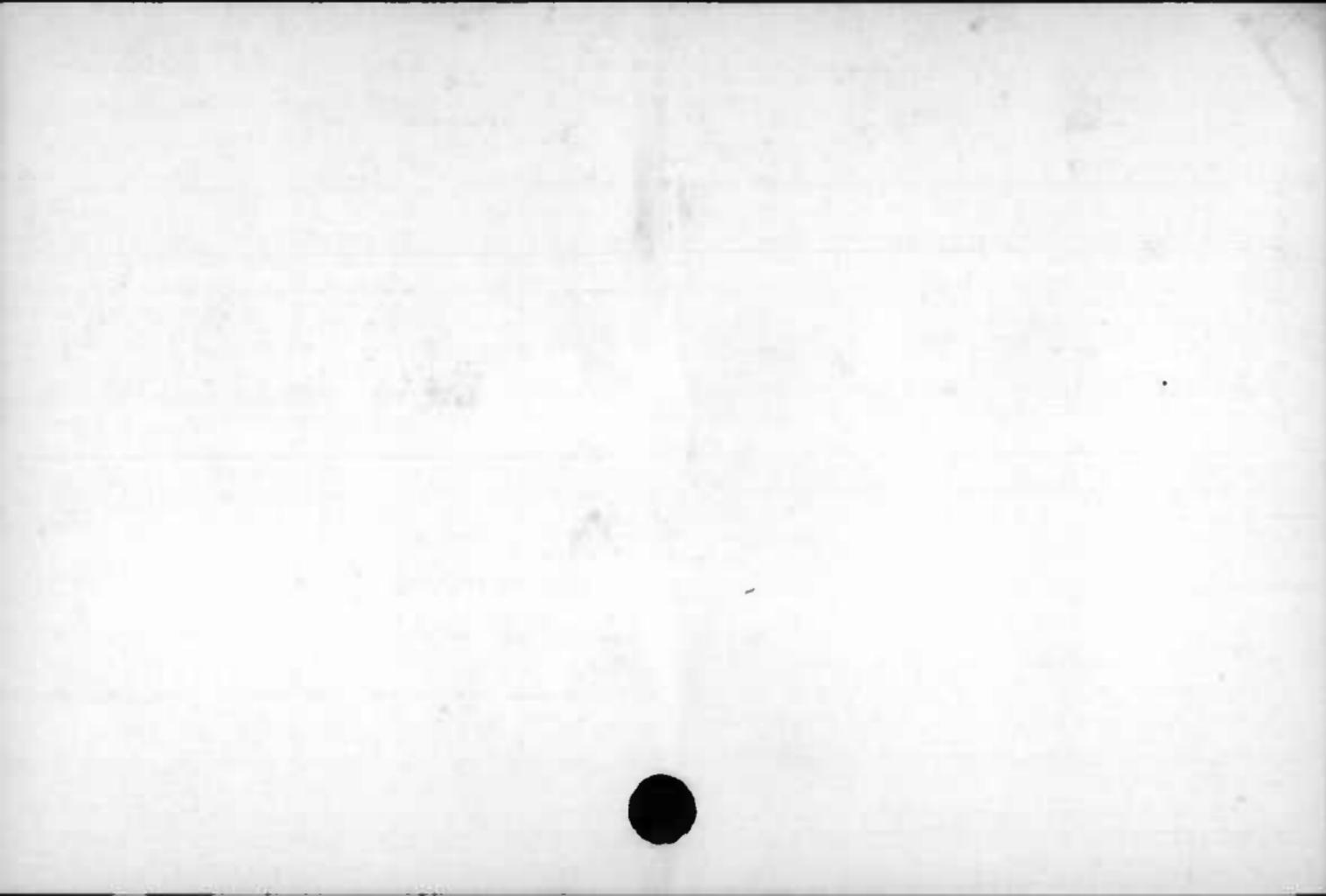
Yes

Signature of
Physician

Address

John L. Lewis
Bethesda, Md

Accident or Suicide?



Name
in
Full

Henry Hammond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Germantown County Maryland
Town Montgomery County MARYLAND
Date of death 1908 Month March Day 3rd or 4th Years 60 Months 8 Days 0
Sex male Color or Race colored Birth-place North Carolina
Occupation Laborer Where Residing if not at place of death Germantown, Md.
Married, Single or Widowed Widowed Name of Wife or Husband Evelyn Higgins Hammond
Father's Name not known Father's Birthplace not known
Mother's Maiden Name not known Mother's Birthplace not known
Name of person giving information John Mason How related to deceased not any

CAUSES OF DEATH

64

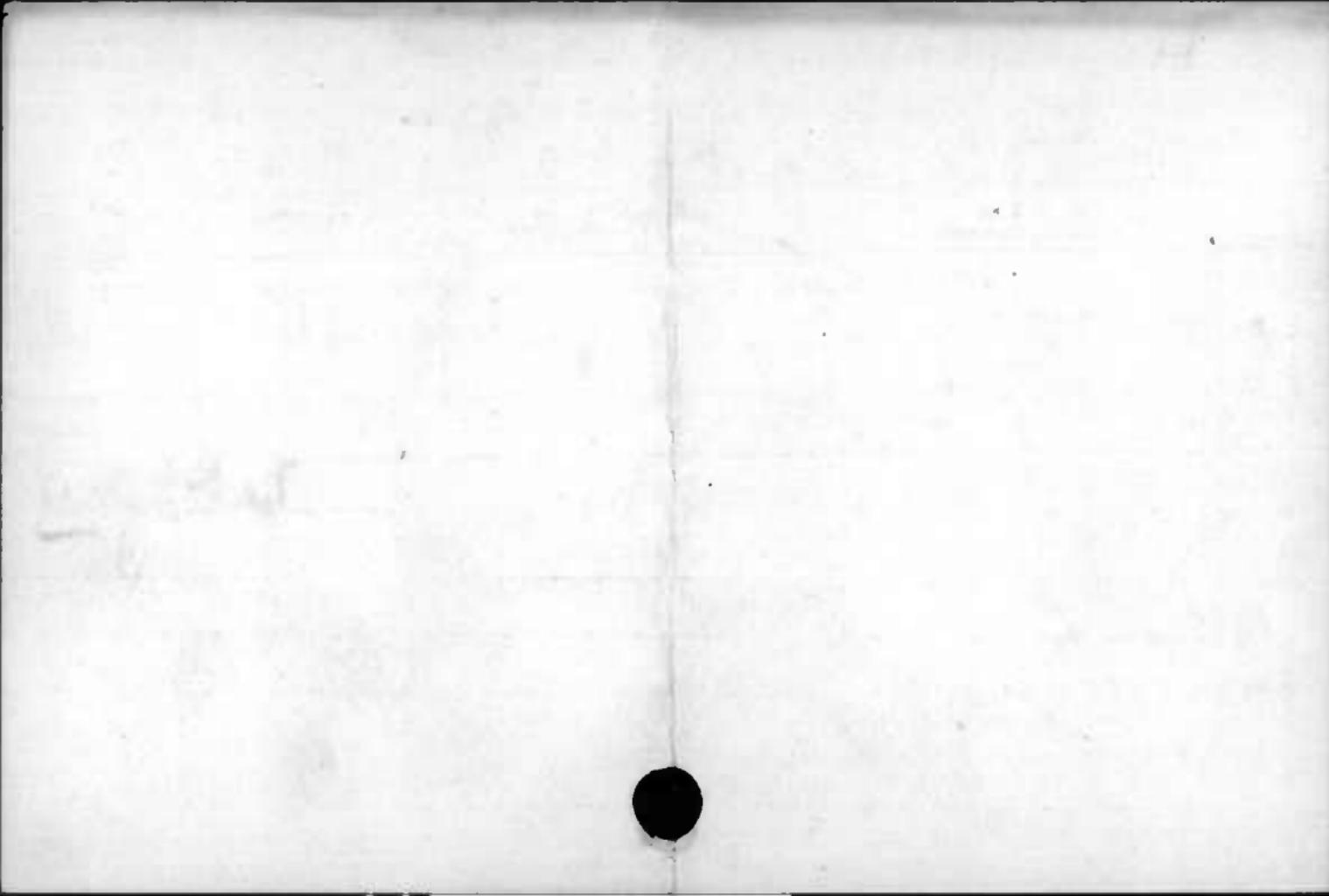
PHYSICIAN
OR CORONER

Primary

Immediate

Cerebral Hemorrhage Found dead
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician I. N. Simpkins
Address Germantown Md.

Accident or Suicide?



Name
in
Full

Hawkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1908	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Colored	Birth-place	Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Mitchell Hawkins			Father's Birthplace	Md	
Mother's Maiden Name	Burtha Wood			Mother's Birthplace	Md	
Name of person giving information	Mitchell Hawkins			How related to deceased	Sister	

CAUSES OF DEATH

151

How long

Primary
Infection

How long
Stillbirth

Immediate

"

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

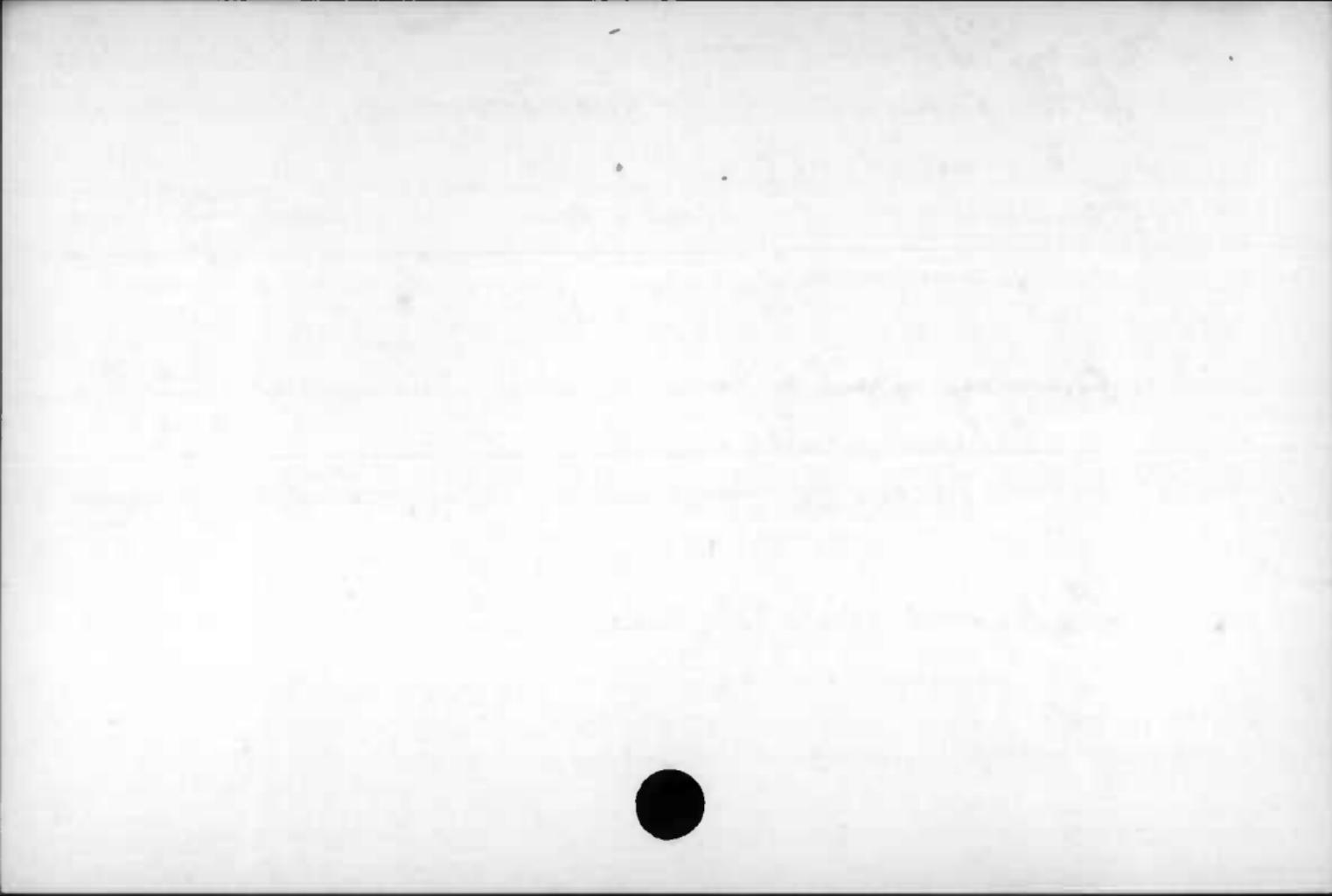
Address

W. L. Lewis H. O.

Princeton

Accident or Suicide?

No



Name
in
Full

Drex Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

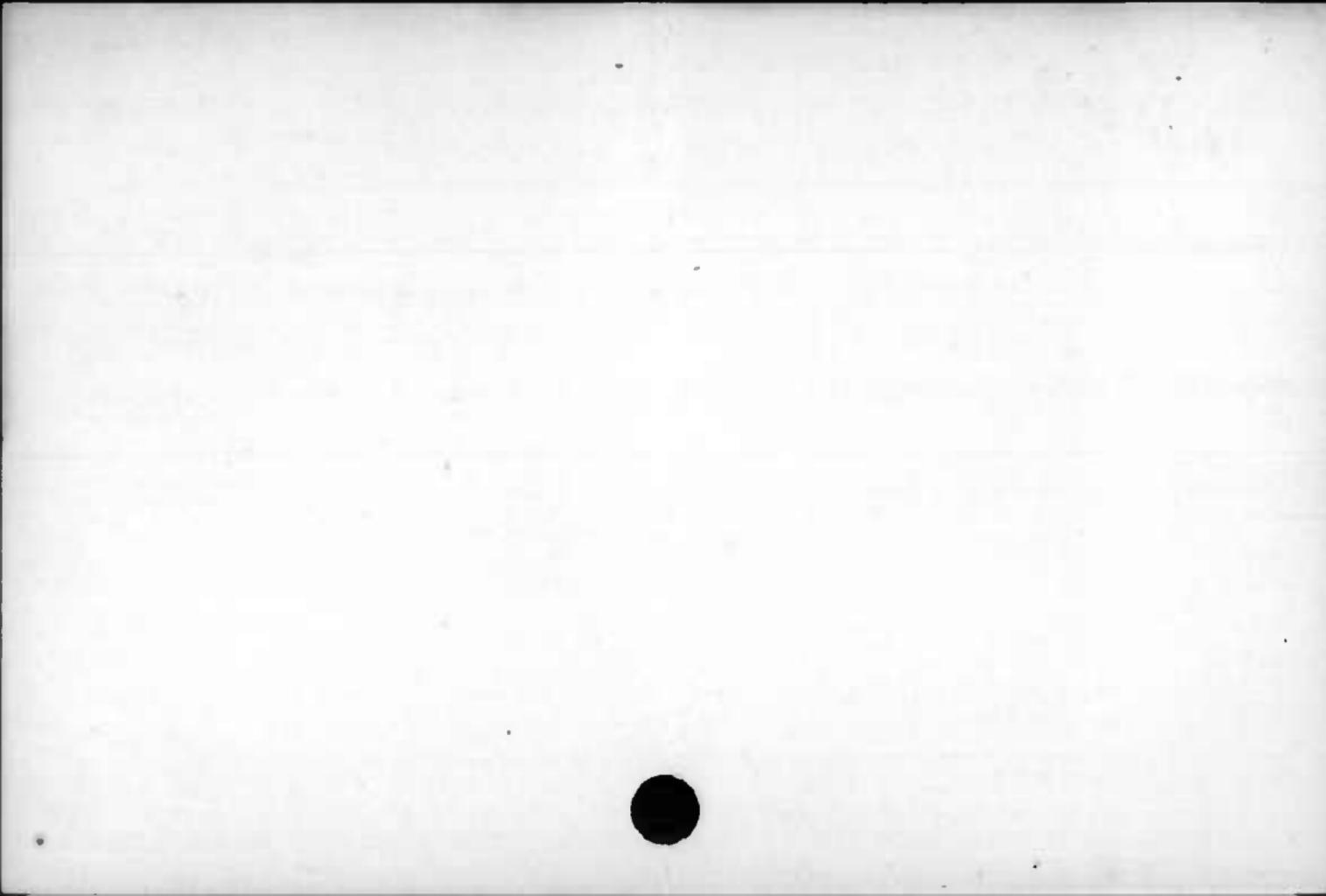
Died at	Town	County		MARYLAND	
Bethesda		Montgomery			
Date of death	Month	Day	Years	Months	Days
1908	3	18	2		
Sex	Female	Color or Race	white	Birth- place	Montg. Co. Md
Occupation			Where Residing if not at place of death	✓	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Harry Hill		Father's Birthplace	Ohio	
Mother's Maiden Name	Adelaide Heidler		Mother's Birthplace	D.C.	
Name of person giving Information	Adelaide Hill		How related to deceased	Mother	

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	Tuberculosis meningitis		How long	2 weeks
Immediate	Convulsions		How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John L. Lewis, M.D.	
		Address	Bethesda, Md.	
Accident or Suicide?				



Name
in
Full

Latimore Thomas Hilton

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Male	Color or Race	White		Birth-place	Damascus, Md	
Occupation	Retired farmer					Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	—				
Father's Name	Walter Hilton					Father's Birthplace	Maryland
Mother's Maiden Name	Frannie Scheekells					Mother's Birthplace	Maryland
Name of person giving information	Frannie Clagett					How related to deceased	Niece

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Bright's Disease

How long

9 years

Immediate

Neuritic Exhaustion

How long

4 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Clairborne H. Massner,

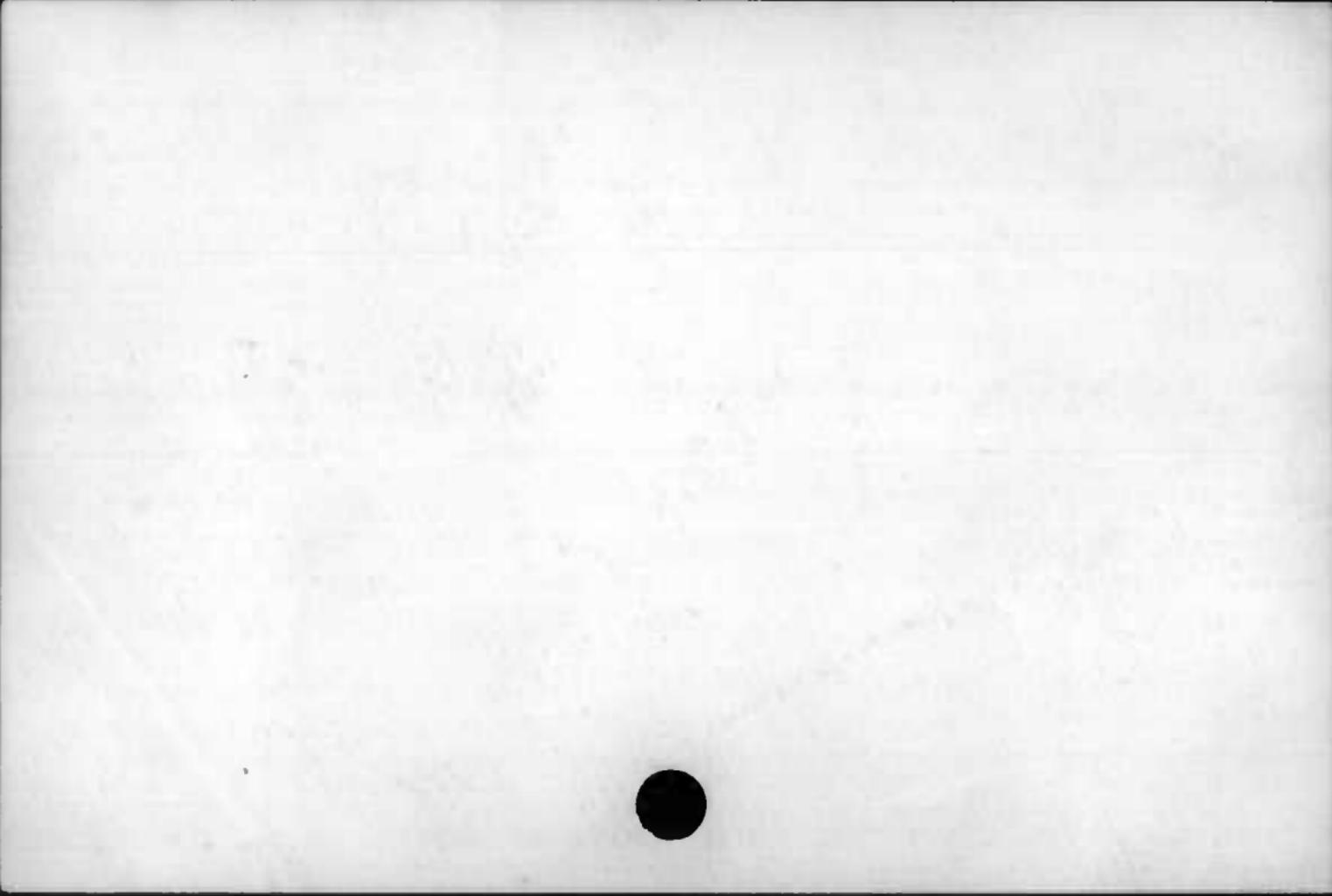
Address

Rockville,

Maryland,

Accident or Suicide?

No



Name
in
Full

Caroline Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sandy Spring		Town	County		MARYLAND	
Date of death	1908	Month March	Day 12	Years 24	Months	Days
Sex	Female	Color or Race	Colored		Birth-place	Mdoutg. Co. Md.
Occupation	Cook	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			Father's Birthplace	Mdoutg. Co. Md.
Father's Name	Levi Hopkins			Mother's Birthplace		Mdoutg. Co. Md.
Mother's Maiden Name	Emma Helen Berry			How related to deceased		Brother
Name of person giving information	Frank Hopkins					

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary Peritoneal inflammation

How long About 6 weeks

Immediate Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

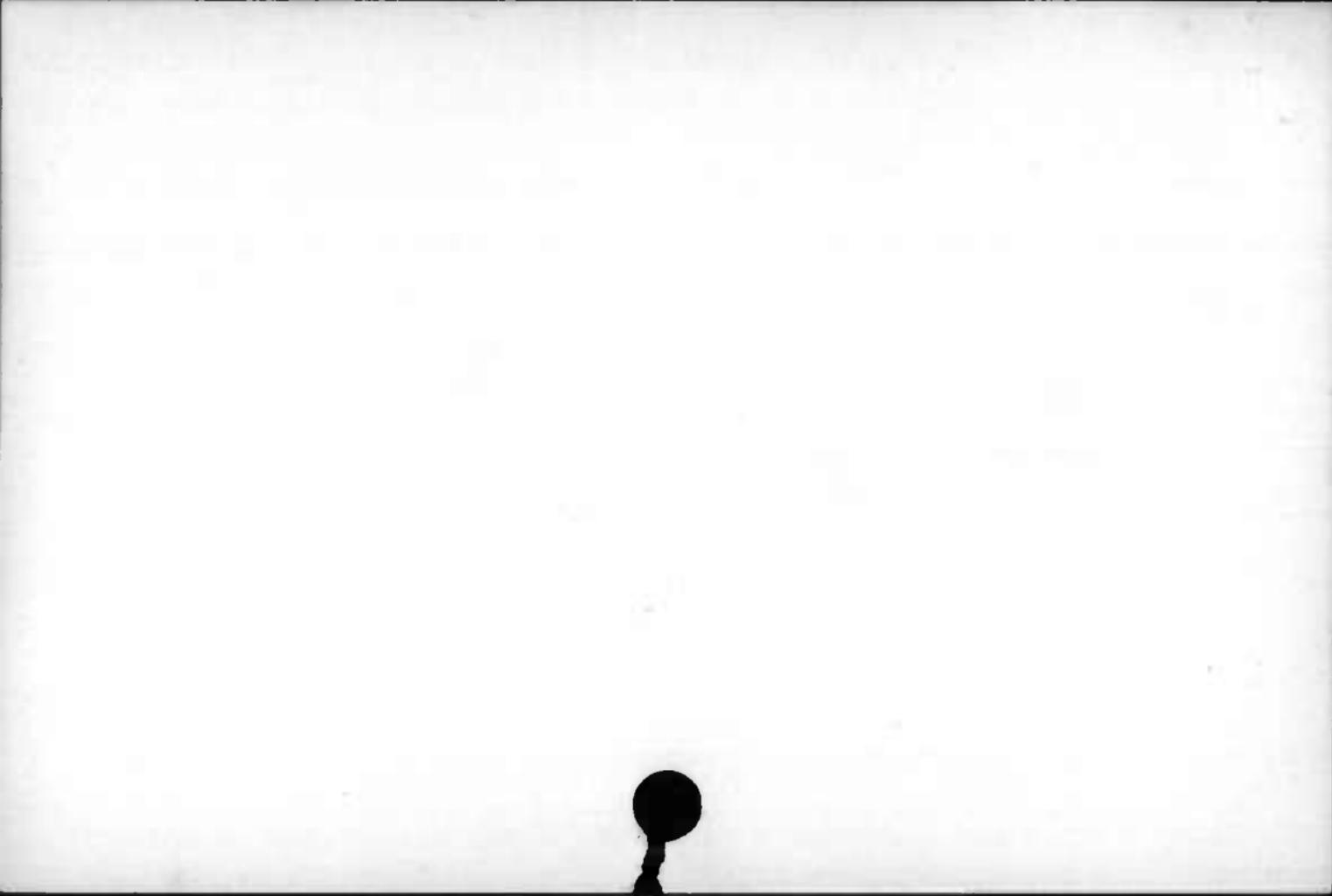
Address

Chas. Farquhar.

Olney.

Md.

Accident or Suicide?



Name
in
Full

Robert J. Isherwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Derwood</u>		Town <u>Montgomery</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>3</u>	Day <u>29</u>	Years <u>78</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>D.C.</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>X</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Elizabeth Isherwood</u>	Father's Birthplace <u>Unknown</u>			
Father's Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Arthur Isherwood</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

66

How long

Three years

How long

PHYSICIAN
OR CORONER

Primary

Paralysis

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

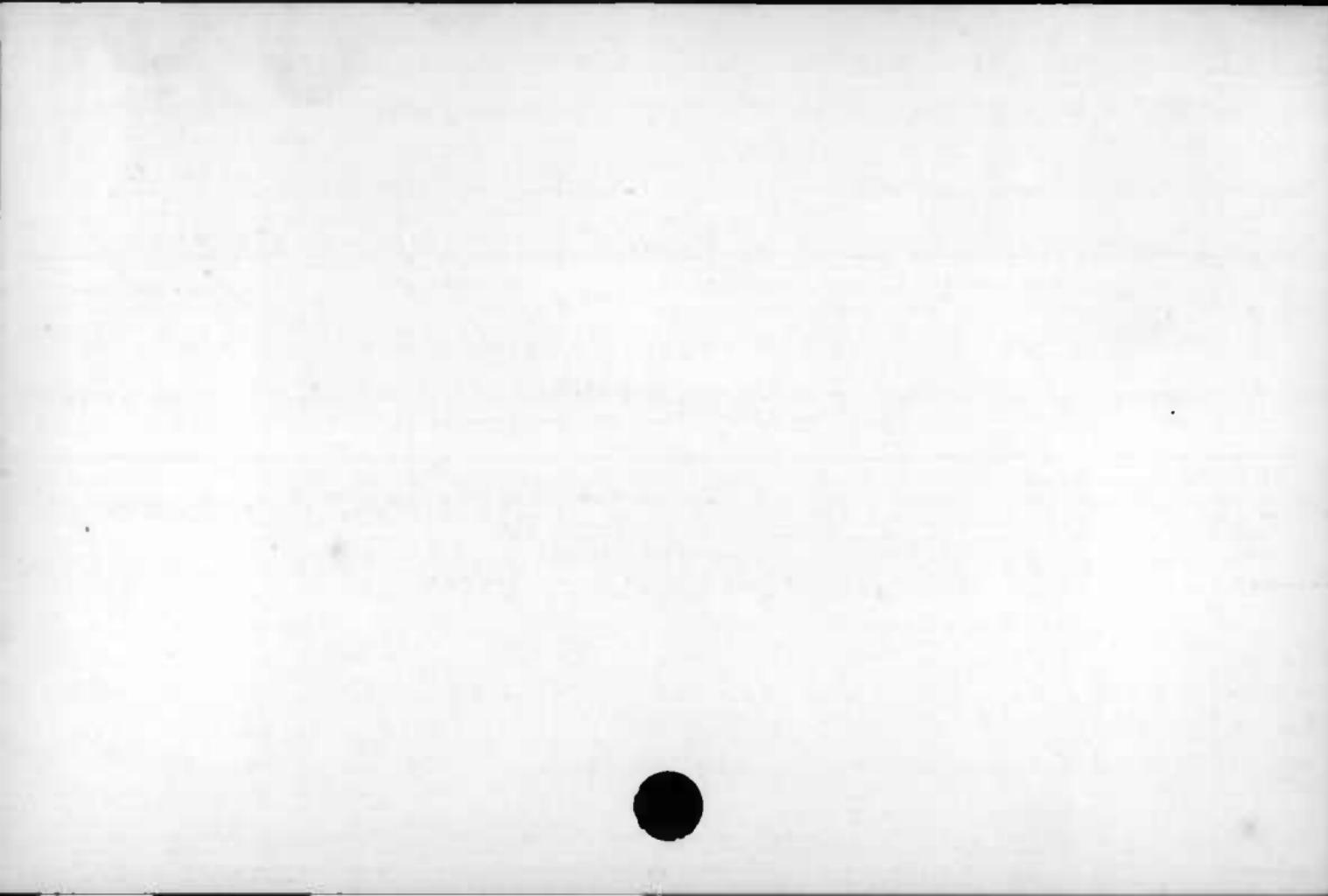
Edward Anderson M.D.

Address

Bethesda, Md.

Accident or Suicide?

No



Name
in
Full

Harriet Ann Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
near Rockville		Montgomery					
Date of death	1908	Month 3	Day 24	Years 81	Months	Days	
Sex	Female	Color or Race	Colored	Birth-place	Maryland		
Occupation	None	Where Residing if not at place of death			X		
Married, Single or Widowed	Single	Name of Wife or Husband	X				
Father's Name	Unknown				Unknown		
Mother's Maiden Name	Unknown				Unknown		
Name of person giving Information	William Rabbitt				Not at all		

CAUSES OF DEATH

66

Primary

Paralysis

How long

One week

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Edward Anderson M.D.

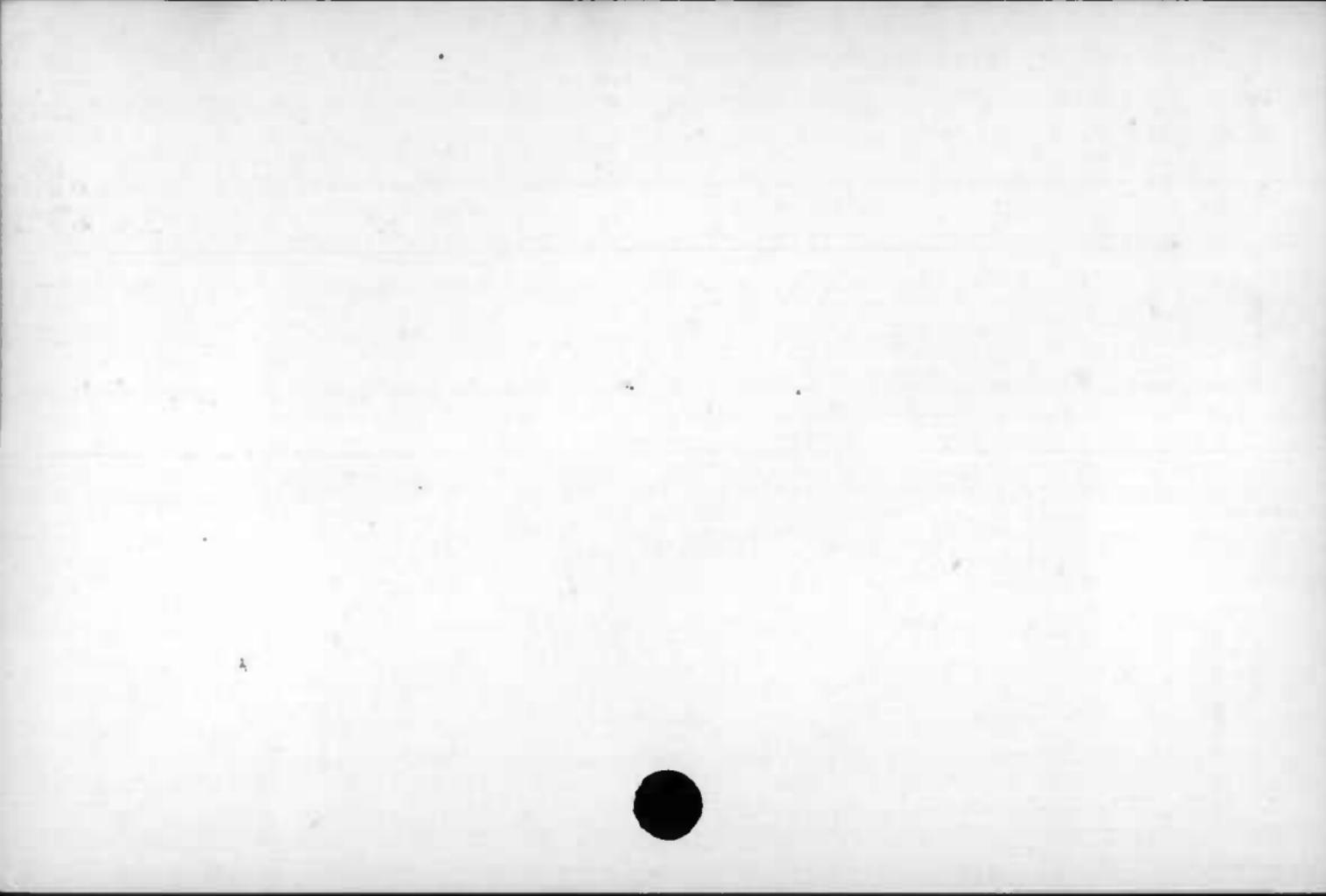
Address

Rockville, Md.

Accident or Suicide?

No

PHYSICIAN
OR CORONER



Name
in
Full

Helen Marie Lawrence.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Takoma Park		Montgomery			
Date of death	Month	Day	Years	Months	Days
1908	March	27 th	Age Thirteen	two	11
Sex	Female -	Color or Race	white	Birth-place	Takoma Park
Occupation	Student	Where Residing if not at place of death Takoma Park -			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William Henry Lawrence				
Mother's Maiden Name	Gracia Ford.				
Name of person giving information	Mrs Cherry Ford Donaldson				

CAUSES OF DEATH

166

How long

7 hours -

How long

PHYSICIAN
OR CORONER

Primary

Shock from injuries from a fall -

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Laurita E. Kuss M.D.

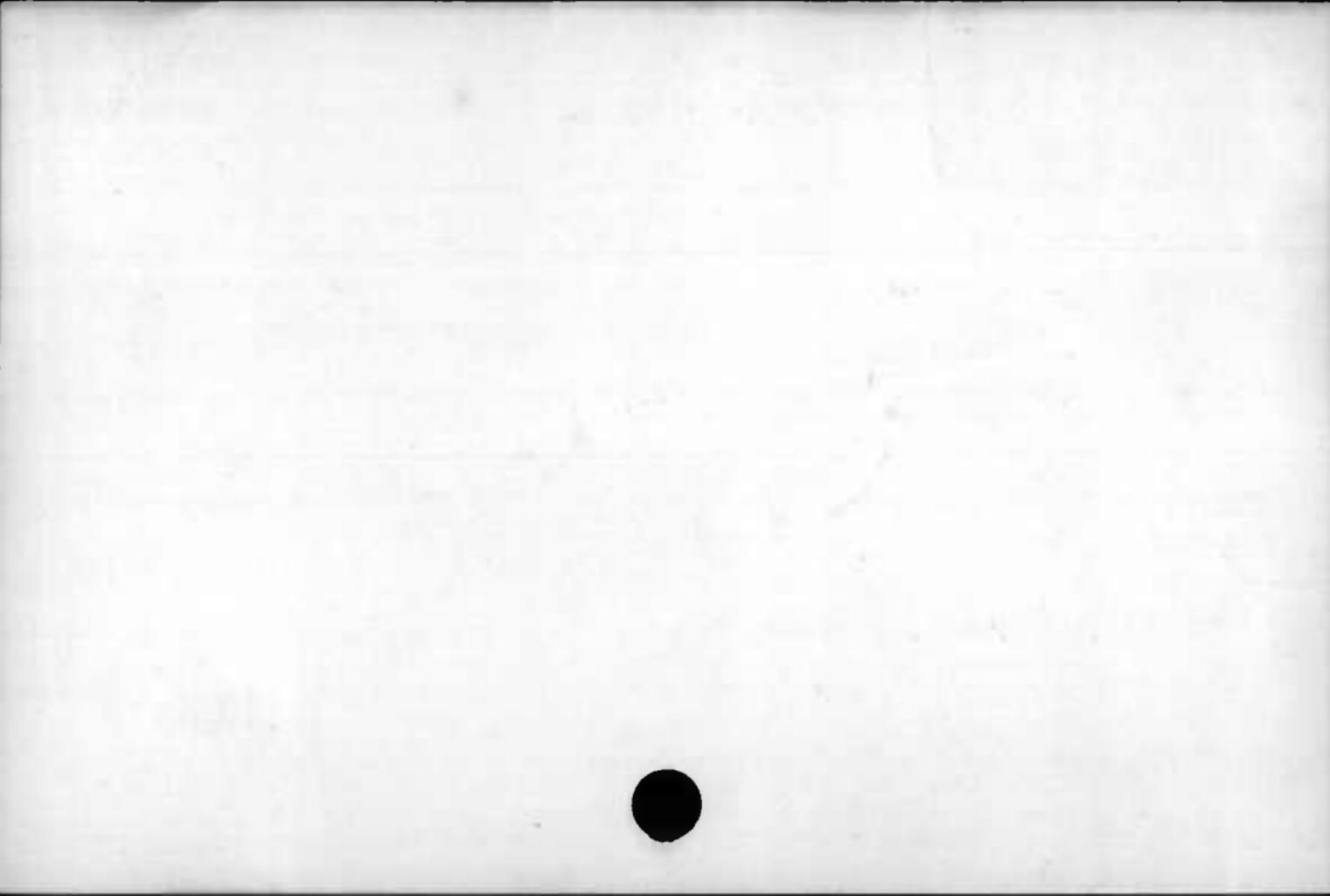
Yes -

Address

Takoma Park - Sta.

Accident or Suicide?

Washington D.C.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Annie Love

Town					County		CERTIFICATE OF DEATH	
Died at <u>New Dorset Post</u>							MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days		
1908	March	31	49	49				
Sex	Female	Color or Race	white	Birth-place	24			
Occupation	Housewife			Where Residing if not at place of death	X			
Married, Single or Widowed	Married	Name of Wife or Husband	Henry Love	Father's Birthplace	Unknown			
Father's Name	Unknown			Mother's Birthplace	Unknown			
Mother's Maiden Name	Unknown			How related to deceased	Daughter			
Name of person giving information	Marie Love							

CAUSES OF DEATH

61

How long

2 mos

How long

One in the evening
Rosedale

Address

Primary

Meningitis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

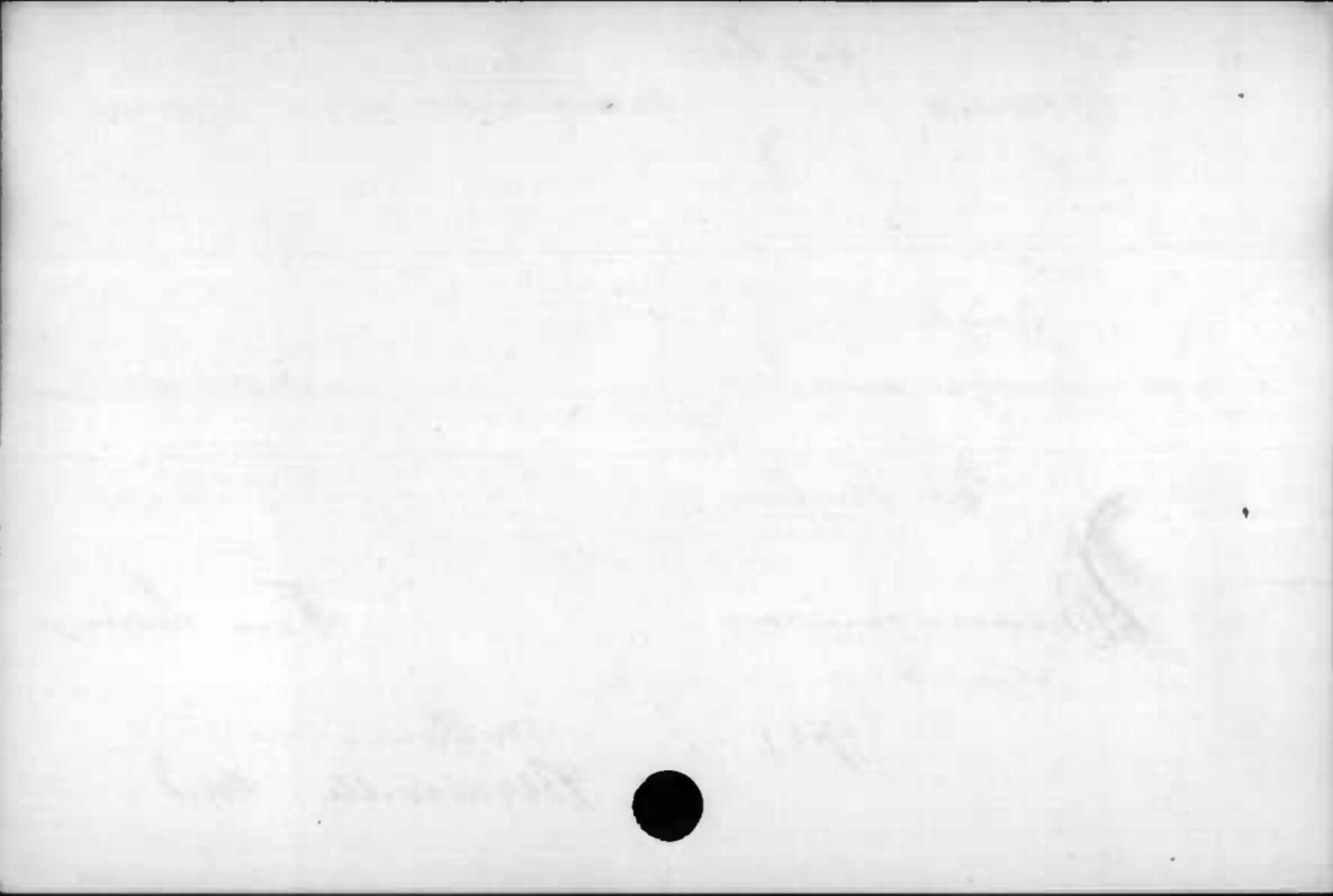
yes

Signature of Physician

One in the evening

Accident or Suicide?

No



Name
in
Full

Gladys Seagren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Comus	Montgomery				
Date of death	1908	Month	March	Day	29	Age
Years				Months	9	Days
Sex	Female	Color or Race	white	Birth-place	Comus Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	George Seagren			Father's Birthplace	Dickerson Md	
Mother's Maiden Name	Mary Read			Mother's Birthplace	Barnsville Pa	
Name of person giving Information	G. Seagren			How related to deceased	Father	

CAUSES OF DEATH

93

How long

Five hours

How long

Primary

Pneumonia

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

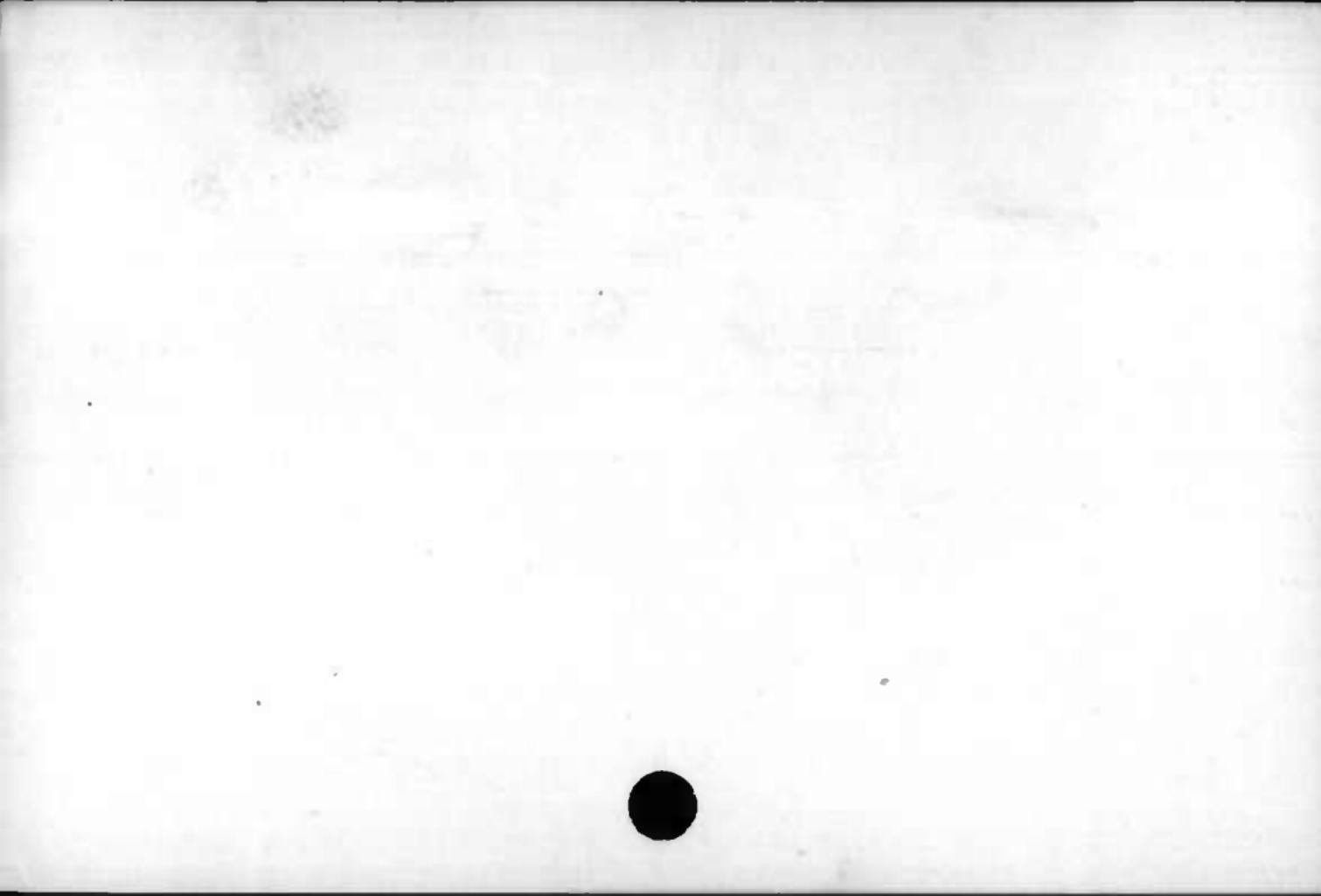
Address

J. H. Stoner et al

Barnsville Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Rose Anna Money

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1908		March	Third	Age 74	4	18
Sex	Female		Color or Race	white	Birth-place	Poolsville
Occupation	Housekeeping		Where Residing if not at place of death		Poolsville	
Married, Single or Widowed	Widow		Name of Wife or Husband	James H. Money		
Father's Name	Thomas Jarvis		Father's Birthplace		Virginia	
Mother's Maiden Name	Elizabeth Pierce		Mother's Birthplace		Poolsville	
Name of person giving information	Frank J. Money		How related to deceased		Son	

CAUSES OF DEATH

93

How long

5 days

How long

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Cardiac asthma

Are the name, age, sex, color, date and place correctly given above?

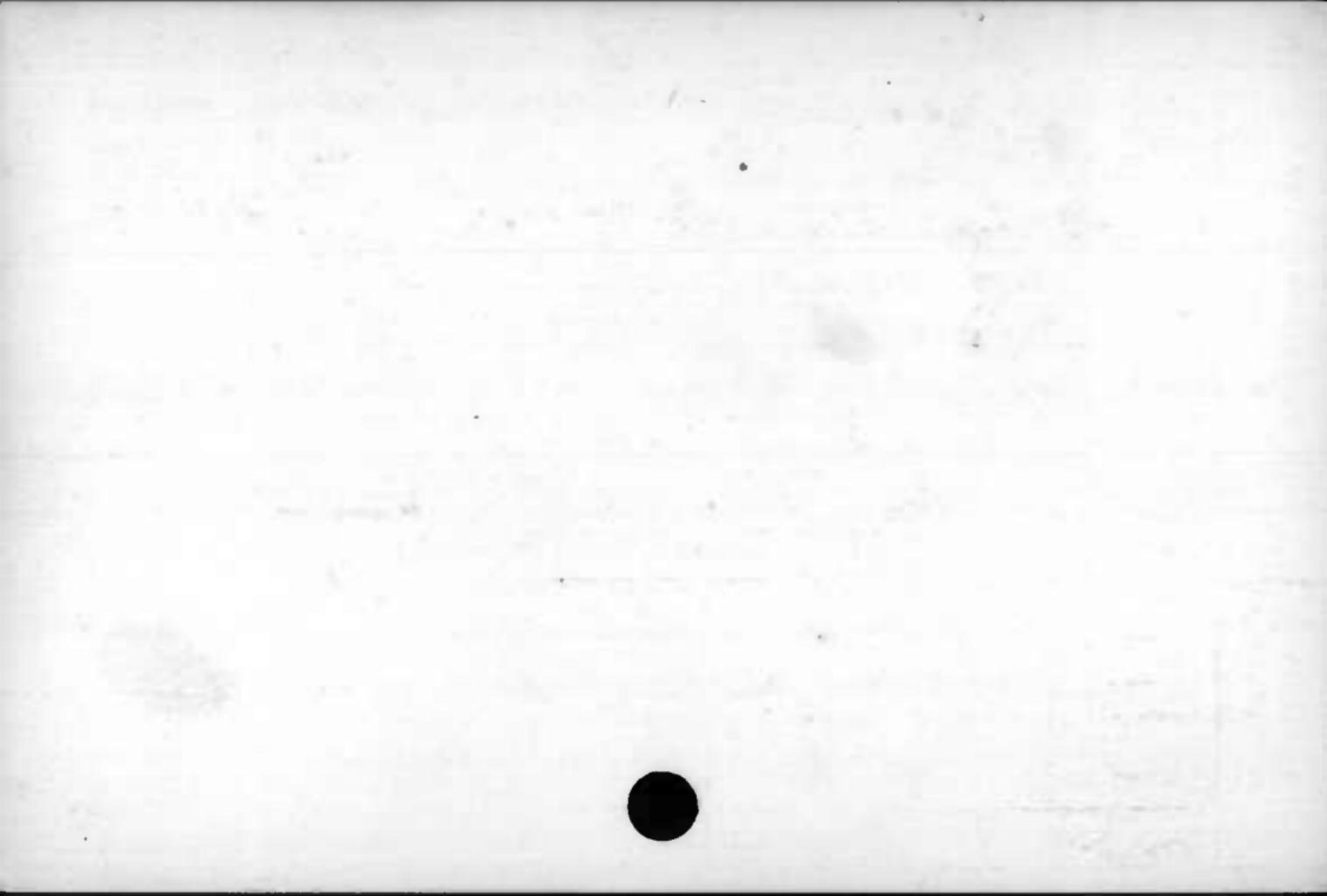
Yes

Signature of Physician

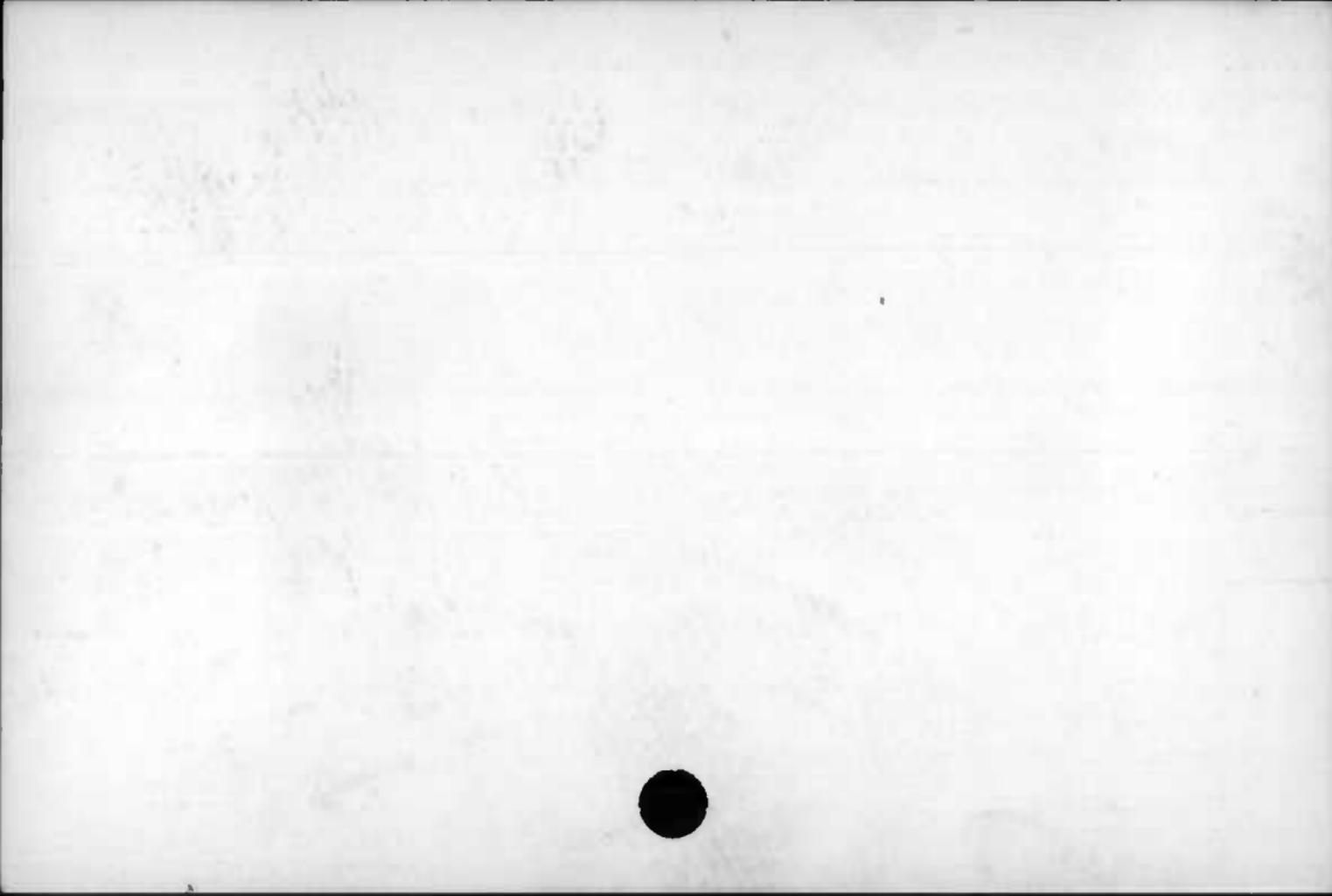
Address

E.W. White,
Poolsville,
Md.

Accident or Suicide?



Died at <u>Spaeton</u> Town <u>Maryland</u> County <u>Maryland</u>					CERTIFICATE OF DEATH		
Died at	Month	Day	Years	Month	Days	MARYLAND	
Date of death 1908	March	14	1	—	3		
Sex	Color or Race	Age	Birth-place				
Male	Black	1	Spaeton				
Occupation	Where Residing if not at place of death			Spaeton			
Married, Single or Widowed	Name of Wife or Husband						
Single	—						
Father's Name	Father's Birthplace			Spaeton			
Mother's Maiden Name	Mother's Birthplace			Spaeton			
Name of person giving information	How related to deceased			Eli Lancaster Steptoe			
CAUSES OF DEATH							
Primary	90			10 days			
Immediate	How long			10 days			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician			Eugene Drexel			
	Address			Business			
Accident or Suicide?							



Lucinda Morris

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month 3	Day 4	Years 88	Months 5	Days -
Sex	Female	Color or Race	Colored	Birth-place Maryland		
Occupation	Name		Where Residing if not at place of death	X		
Married, Single or Widowed	Widow		Name of Wife or Husband	Henson Morris		
Father's Name	Joseph Pearson		Father's Birthplace	Maryland		
Mother's Maiden Name	Mintie Brooks		Mother's Birthplace	Maryland		
Name of person giving Information	Mary Carroll		How related to deceased	Granddaughter		
CAUSES OF DEATH						
Primary	Senile Debility		154			
Immediate	Seizure		How long Three years			

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

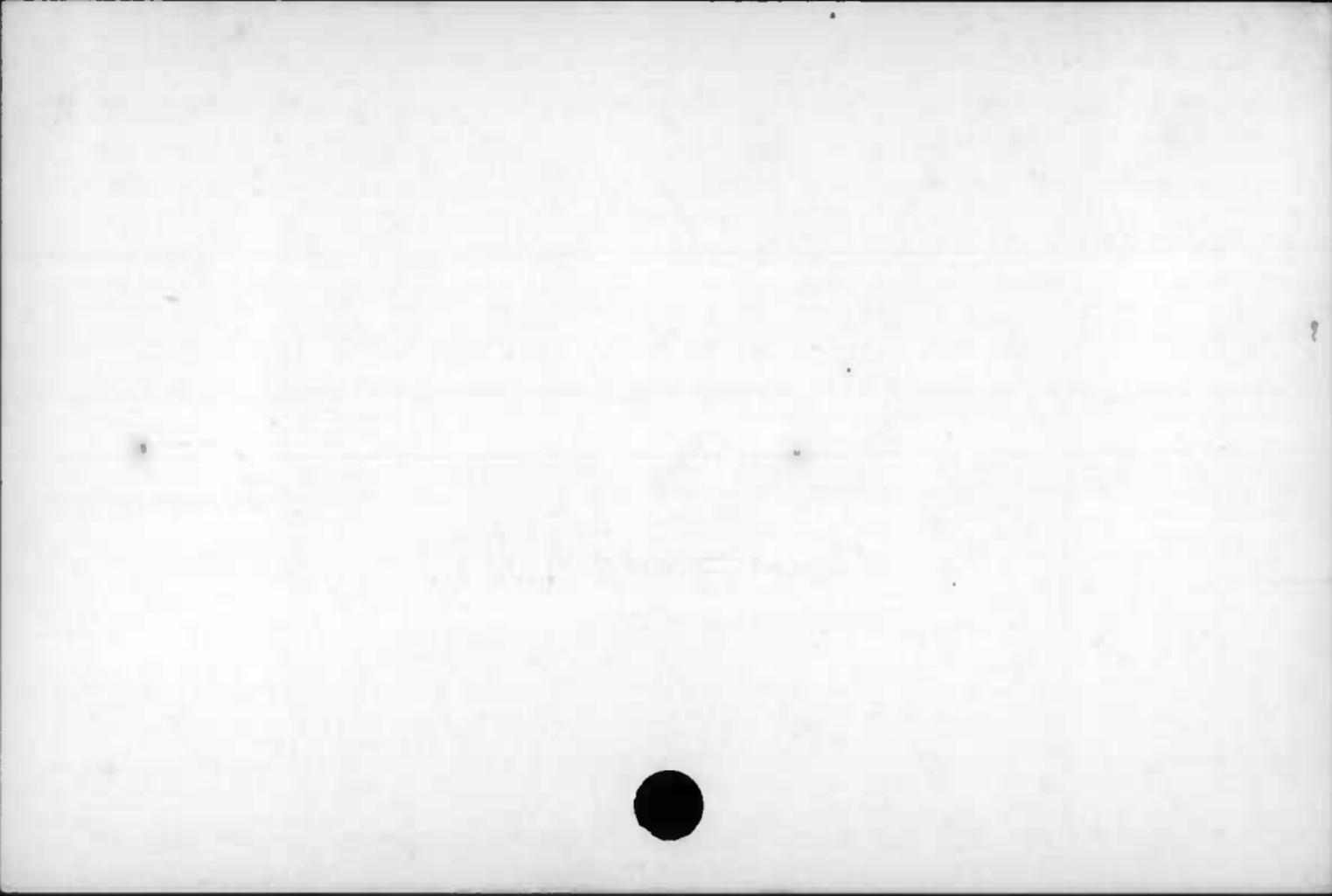
Edward Anderson, M.D.

Address

Rockville Md.

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph Nugent

Town

near Rockville

County

Montgomery

CERTIFICATE OF DEATH

MARYLAND

Died Date
of death 1908

Month
3

Day
29

Years
46

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Maryland

Occupation

Labours

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Ella Davis

Father's
Name

Benjamin Nugent

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Ferdinand Nugent

How related
to deceased

Son

CAUSES OF DEATH

27

How long

Five years

Primary

Pulmonary Tuberculosis

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Edward Anderson M.D.
Rockville, Md.

Accident or Suicide?

No



Name
in
Full

Polar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Potterville</u>		Town	County	MARYLAND	
Date of death <u>1908</u>	Month <u>March</u>	Day <u>13</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Age	Birth-place	<u>Potterville</u>	
Occupation <u>none</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband		Father's Birthplace	<u>Rockville Md</u>	
Father's Name <u>Benjamin F. Polar</u>			Mother's Birthplace	<u>Potterville</u>	
Mother's Maiden Name <u>Mary Louise Polar</u>			How related to deceased	<u>Grand mother</u>	
Name of person giving information <u>Effie Polar</u>					
<u>Very quick birth - cord around</u> <u>throat.</u>			CAUSES OF DEATH	<u>152</u>	

PHYSICIAN
OR CORONER

Primary Strangulation. Cord around

How long

Immediate throat.

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

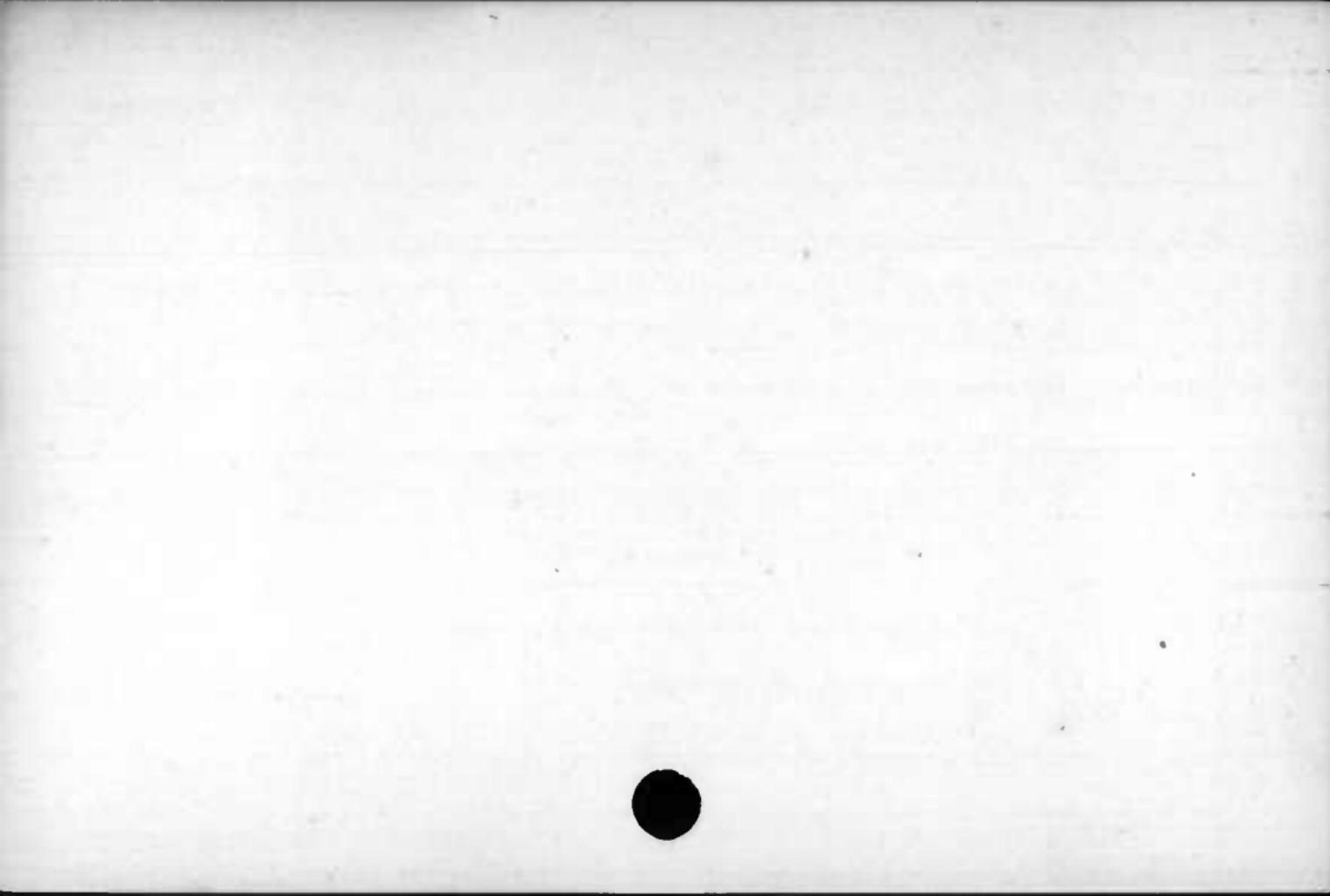
Suffocated it before physician reached the house.

Address

R. Scott

Potterville Md

Accident or Suicide?



Name
in
Full

Mary Anna Rudd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Mar	Day 2	Years 62	Months	Days	
Sex	Female	Color or Race	white	Birth-place	D.C.		
Occupation	None		Where Residing if not at place of death	None			
Married, Single or Widowed	Single	Name of Wife or Husband	None				
Father's Name	James Rudd		Father's Birthplace	Va			
Mother's Maiden Name	Vulinda McCloud		Mother's Birthplace	N.Y.			
Name of person giving Information	Mrs Fairman		How related to deceased	Niece			

CAUSES OF DEATH

27

How long

10 yrs -

Primary Pulmonary Tuberculosis

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

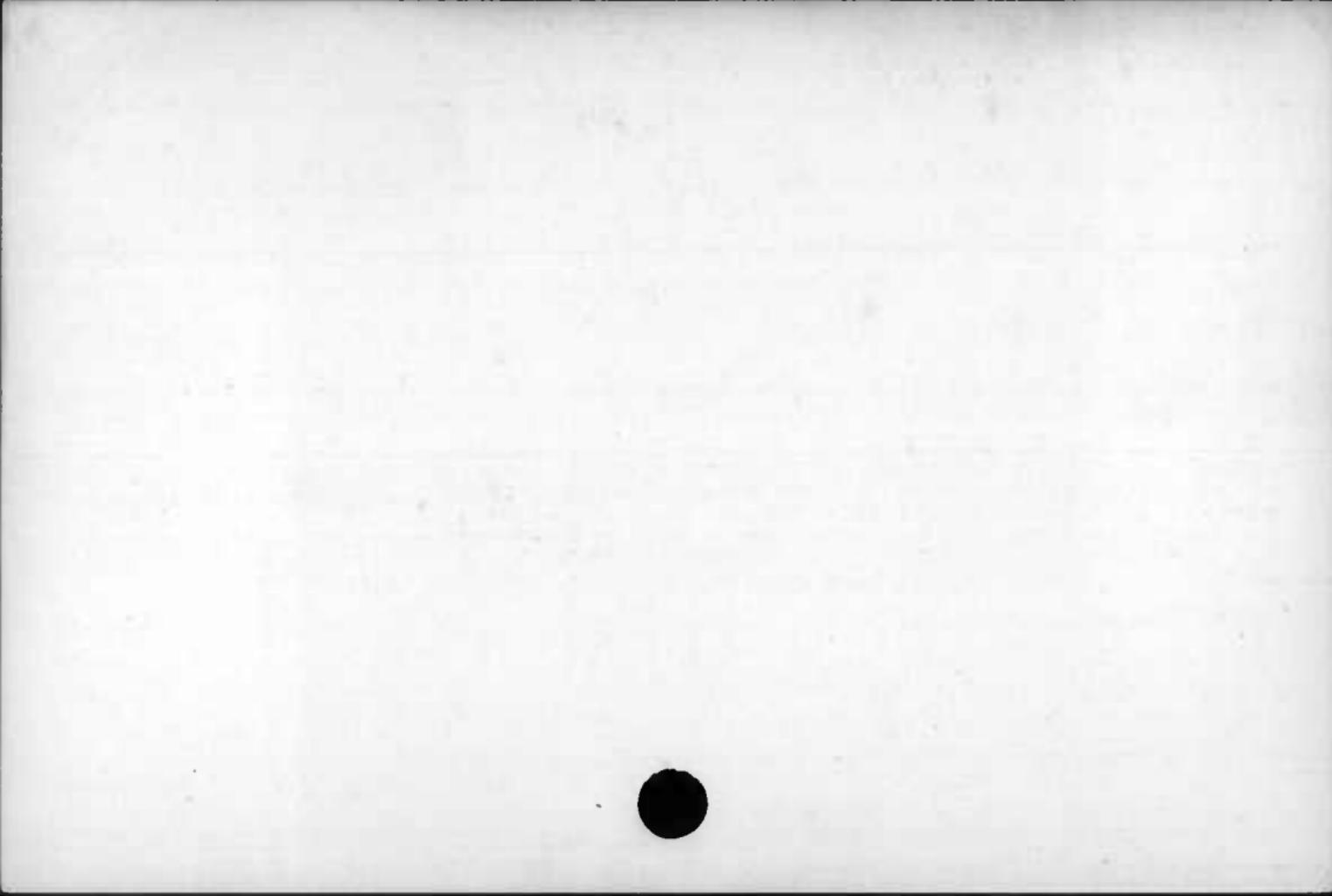
Address

W. L. Sims
Kensington

PHYSICIAN
OR CORONER

Accident or Suicide?

No



Name
in
Full

Ottlie Schmitz

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1908	Month March	Day 5	Years 43	Months	Days
Sex	female	Color or Race	white	Birth-place	Germany	
Occupation	house wife	Where Residing if not at place of death			Rock Spring	
Married, Single or Widowed	Married	Name of Wife or Husband	John L. Schmitz	Father's Birthplace	Johnstown	
Father's Name	Frederick	Mother's Maiden Name	Maenlin	Mother's Birthplace	Johnstown	
Mother's Maiden Name	Aschmow	Name of person giving information		How related to deceased		

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis
How long One year

Immediate Heart Failure
How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

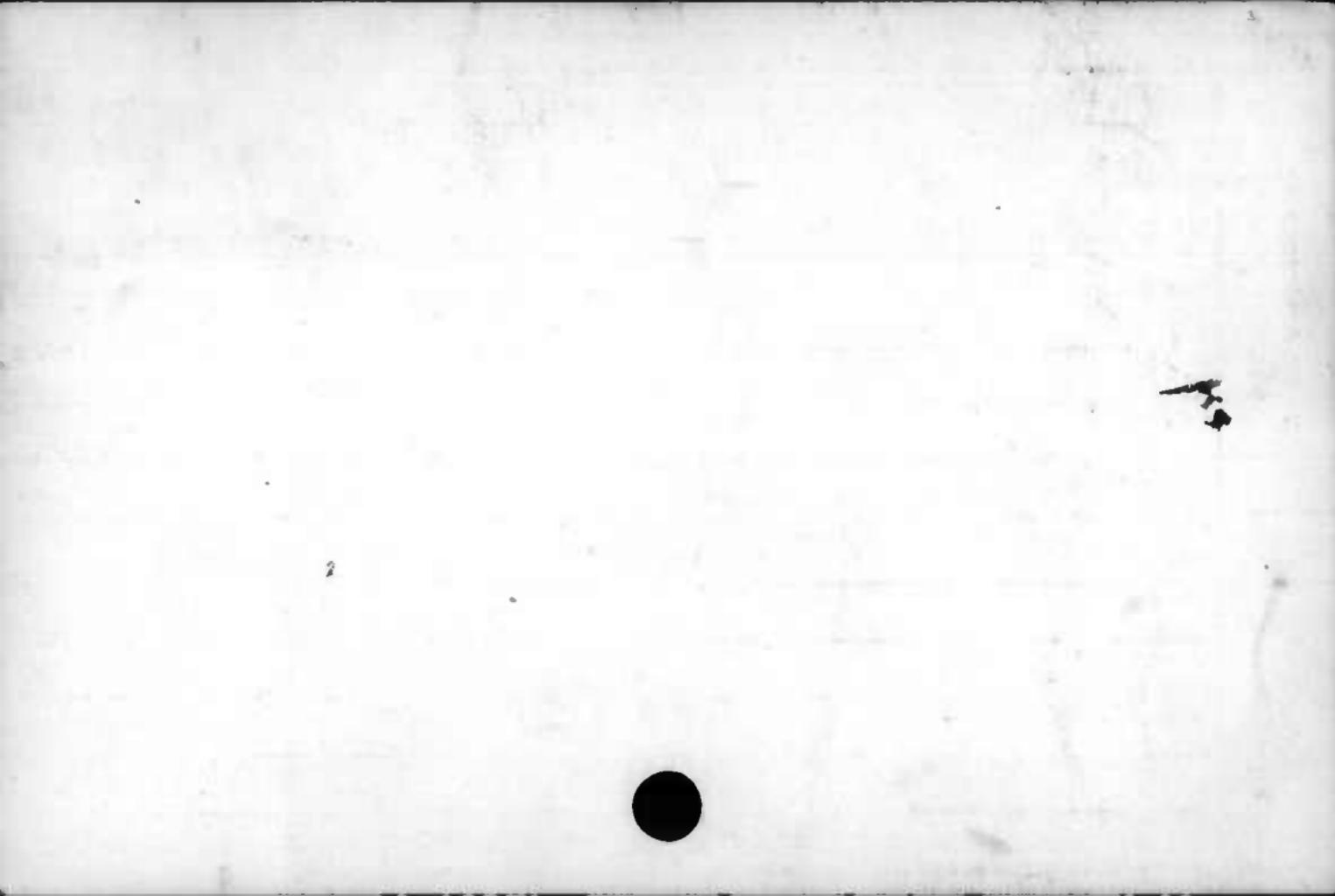
yes

Signature of Physician

Address

Anthony M. Bay MD
Lemadale ton - Doe

Accident or Suicide?



Smith

CERTIFICATE OF DEATH

Died at <u>Harbord</u>		Town	County <u>Maryland</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>3rd</u>	Day <u>9th</u>	Years <u>0</u>	Age <u>0</u>	Months <u>7</u>	Days <u>X</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>			Birth-place <u>Md</u>		
Occupation <u>X</u>		Where Residing if not at place of death <u>X</u>				
Married, Single or Widowed <u>X</u>	Name of Wife or Husband <u>X</u>					
Father's Name <u>Elroy Smith</u>			Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Cassie Smith</u>			Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Carrie Smith</u>			How related to deceased <u>Mother</u>			
CAUSES OF DEATH						
Primary	<u>Labor Pneumonia</u>			How long <u>93</u>		
Immediate	<u>Ex Convalescence</u>			How long <u>4 days</u>		

Are the name, age, sex, color, date and place correctly given above?

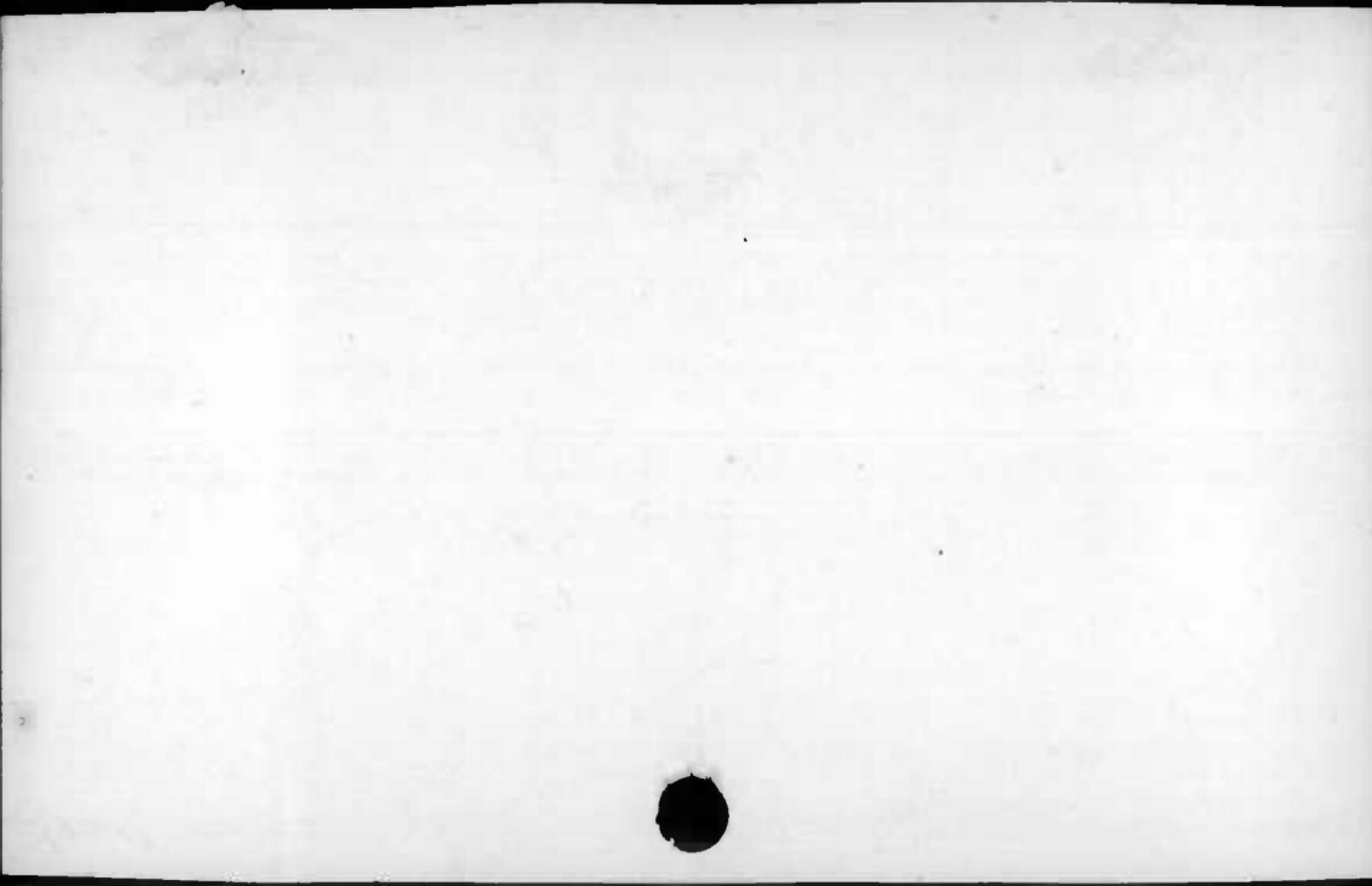
Yes

Signature of Physician

Address

A. M. Luthersen
Rosedale
Md

Accident or Suicide?



Name
in
Full

Albert Emery Alexander Snowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Silver Spring</u> Town <u>Montgomery</u> County				MARYLAND		
Date of death <u>1908</u>	Month <u>March</u>	Day <u>21st</u>	Years <u>67</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Laurel, Maryland</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death					
Married, <u>Single</u> or Widowed	Name of Wife or Husband <u>Charlotte Snowden</u>		Father's Birthplace <u>Maryland</u>			
Father's Name <u>Asay Snowden</u>				Mother's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Johnson Was a Slave</u>				How related to deceased <u>Daughter</u>		
Name of person giving information <u>Mrs. Charlotte Taylor</u>						

CAUSES OF DEATH

104

Primary

Appears to have been Acute Indigestion

Few hours

Immediate

Heart failure

2 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Lewis B. Thomson

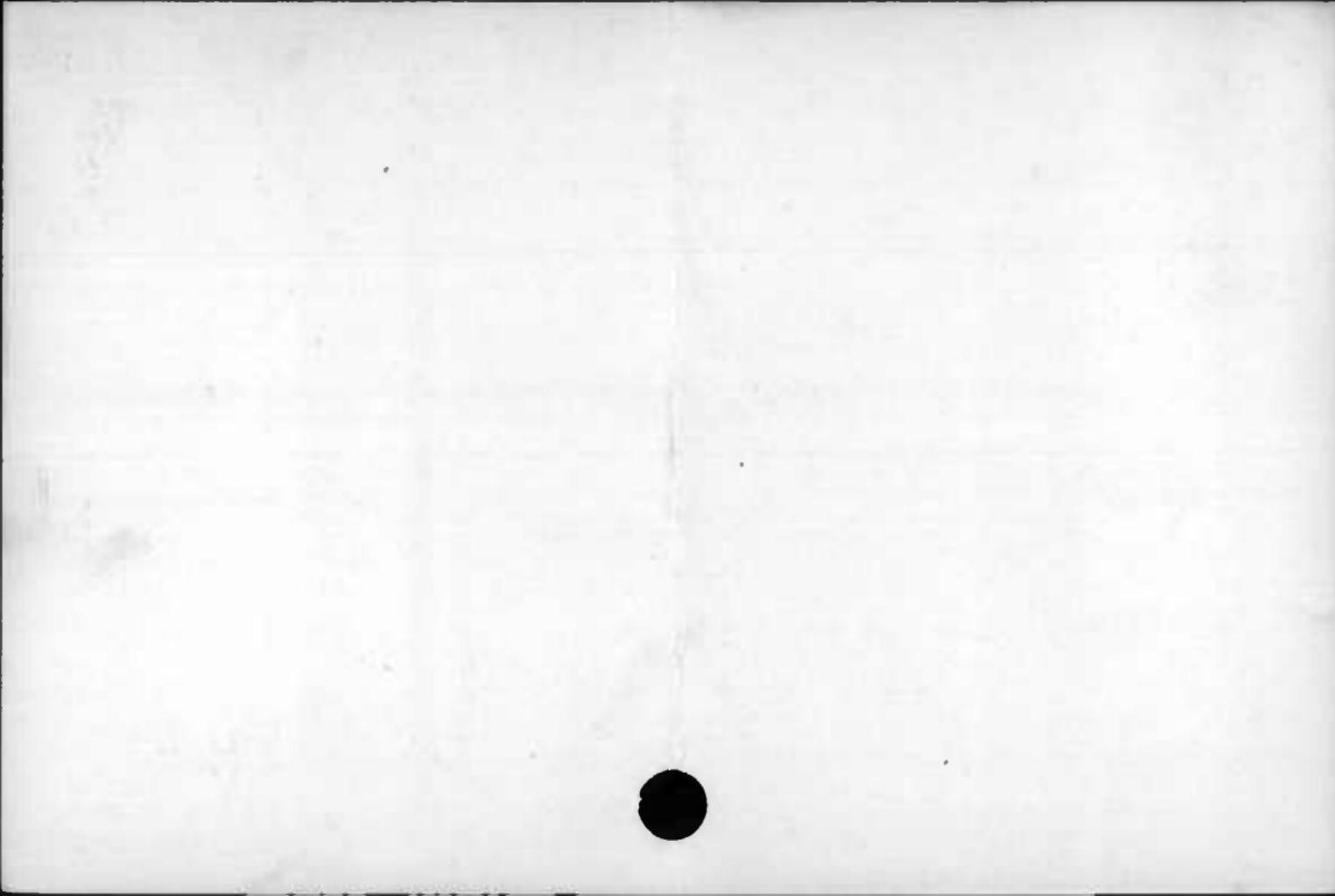
Yes

Address

Silver Spring
Md.PHYSICIAN
OR CORONER

Accident or Suicide?

Neither

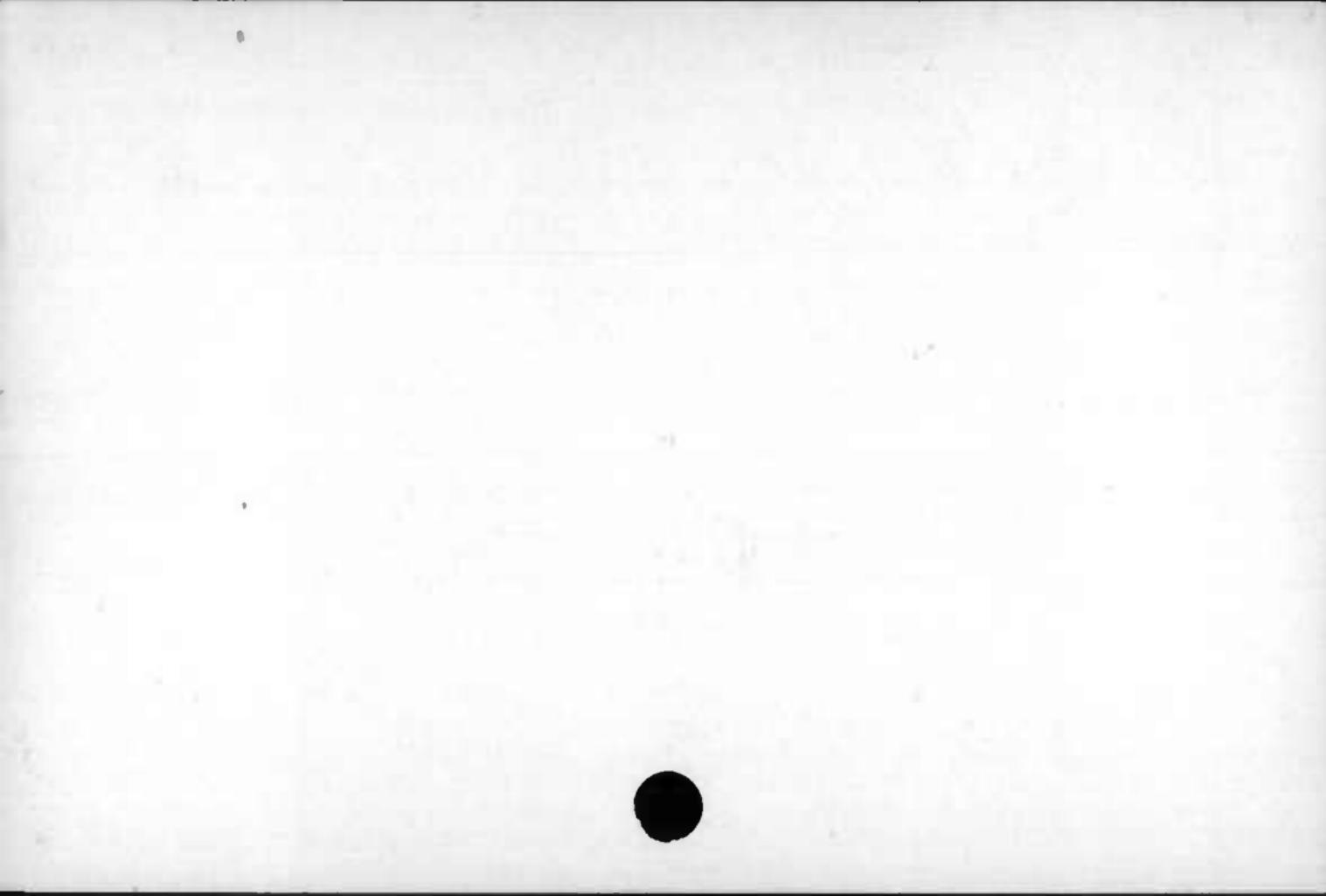


Thomas					CERTIFICATE OF DEATH		
Died at	Sandy Spring		County		MARYLAND		
Date of death	Month	Day	Years	—	Months	Days	
Sex	Female		Color or Race	Colored	Birth-place	Montgomery Co., Md.	
Occupation	—		Where Residing if not at place of death	—			
Married, Single or Widowed	Single		Name of Wife or Husband	—			
Father's Name	James Marshall, Thomas		Father's Birthplace	Montgomery Co., Md.			
Mother's Maiden Name	Vivie White		Mother's Birthplace	Virginia			
Name of person giving Information	Lydia Thomas		How related to deceased	Grandmother.			
CAUSES OF DEATH							
Primary	Premature & ill developed.						
Immediate							
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Chas. Farquhar.			
			Address	Olney.			
Accident or Suicide?							

151

How long

How long



Name

In
Full

Henry Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	near Rockville		Montgomery			
Date of death	Month	Day	Years	Age	Months	Days
1908	3	18	80	80		
Sex	Male		Color or Race	Mulatto		
Occupation	None		Where Residing if not at place of death	Virginia		
Married, Single or Widowed	Widower		Name of Wife or Husband	Don't know		
Father's Name	Don't know		Father's Birthplace	Virginia		
Mother's Maiden Name	Don't know		Mother's Birthplace	Virginia		
Name of person giving information	William Rabbott		How related to deceased	Not at all		

CAUSES OF DEATH

179

How long

One year

How long

PHYSICIAN
OR CORONER

Primary

Senile Debility

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

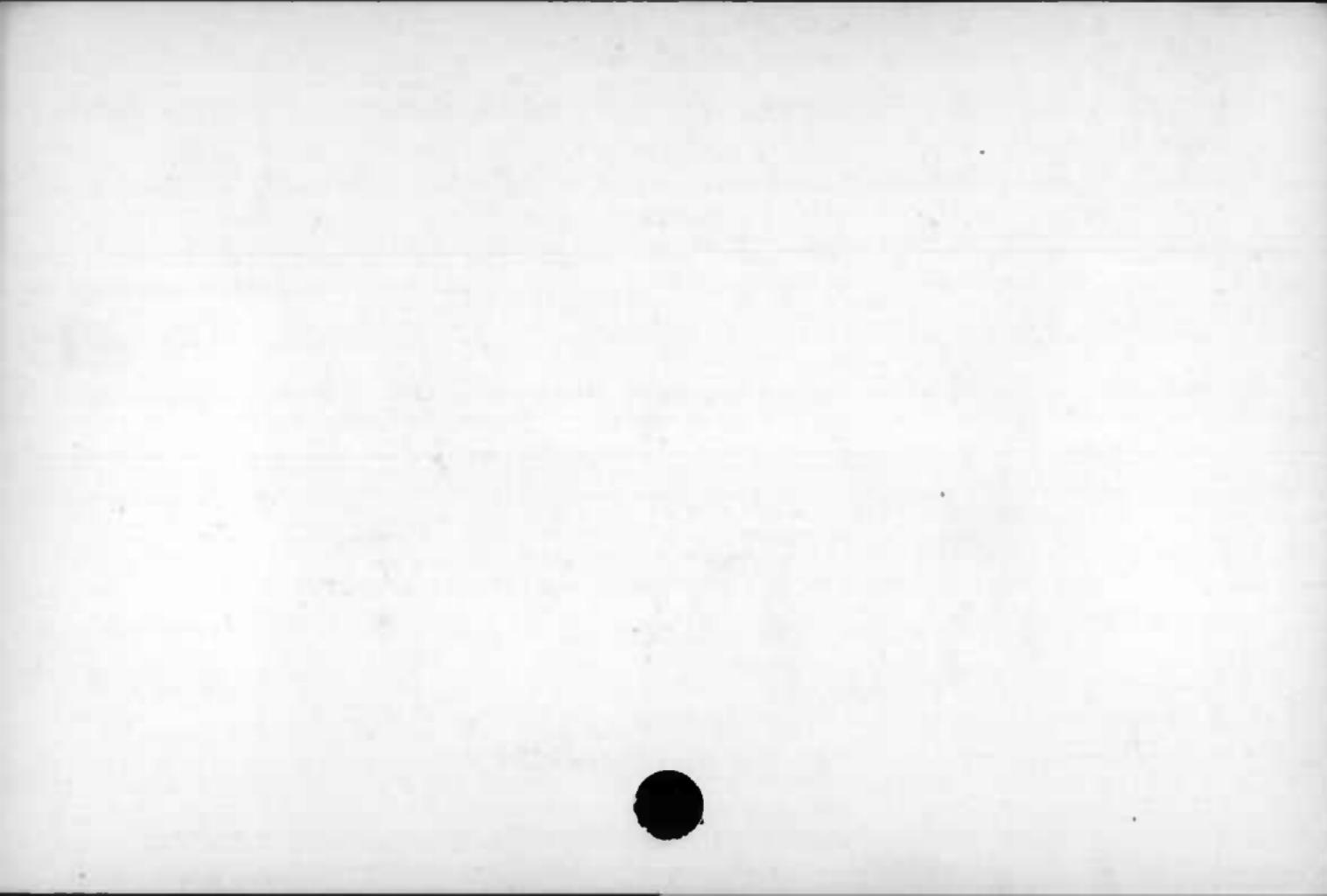
Edward Anderson M.D.

Address

Rockville, Md.

Accident or Suicide?

N



Name
in
Full

Maria Thompson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Emory Grove County Montgomery

Female Colored Birth-place 8640

House Wife Where Residing if not at place of death

Married Name of Wife or Husband John Thompson

Scott Knudsen Father's Birthplace ..

Husband Mother's Birthplace ..

John Thompson How related to deceased Husband

CAUSES OF DEATH

66

How long

10 Months

How long

10 Months

PHYSICIAN
OR CORONER

Primary

Paralysis

Immediate

Paralysis

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

E.H. Etehison
Goithersburg Md

Accident or Suicide?

124

149
124
373

Name
In
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Perry T. Thurston Jr.

CERTIFICATE OF DEATH

Died at <u>Towson</u>		County <u>Maryland</u>	MARYLAND		
Date of death <u>1908</u>	Month <u>March</u>	Day <u>1st</u>	Years <u>4</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>D. C.</u>			
Occupation <u>man</u>	Where Residing if not at place of death <u>Towson</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>				
Father's Name <u>Perry T. Thurston</u>	Father's Birthplace <u>Pa</u>				
Mother's Maiden Name <u>Eva - Reuter</u>	Mother's Birthplace <u>Pa</u>				
Name of person giving Information <u>Perry T. Thurston</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

146

Primary

Rickets & Adenoids

How long

Three years

Immediate

Pulmonary embolism & cardiac failure

How long

Twenty-four hours.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. R. Moulton

Friendship Heights, Md.

Accident or Suicide?

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month	5 th	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birthplace	Washington D. C.		
Occupation	Housewife		Where Residing if not at place of death	—			
Married, Single	W. B. Troshoffley		Name of Wife		W. B. Troshoffley		
Father's Name	Jas. Dunn		Husband		Md.		
Mother's Maiden Name	Unknown		Name of person giving information		Unknown		
Name of person giving information		U. D. House		How related to deceased			Wife.

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary tuberculosis

2 yrs.

Immediate

Asthma

12 hrs.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

U. D. House
Dawsonville Md.
Premises disinfected

Accident or Suicide?



Name

Hull

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs. S. Vairs

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white		Birth-place	
Occupation	Cosem		Where Residing if not at place of death		Poolesville	
Married, Single or Widowed	Single		Name of Wife or Husband		Poolesville	
Father's Name	Frederick Vairs				Father's Birthplace	
Mother's Maiden Name	Saphira Vairs				Mother's Birthplace	
Name of person giving information	Mrs. A. And				How related to deceased	

CAUSES OF DEATH

64

How long

How long

Primary

arterio Sclerosis

Immediate

cerebral Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

yes

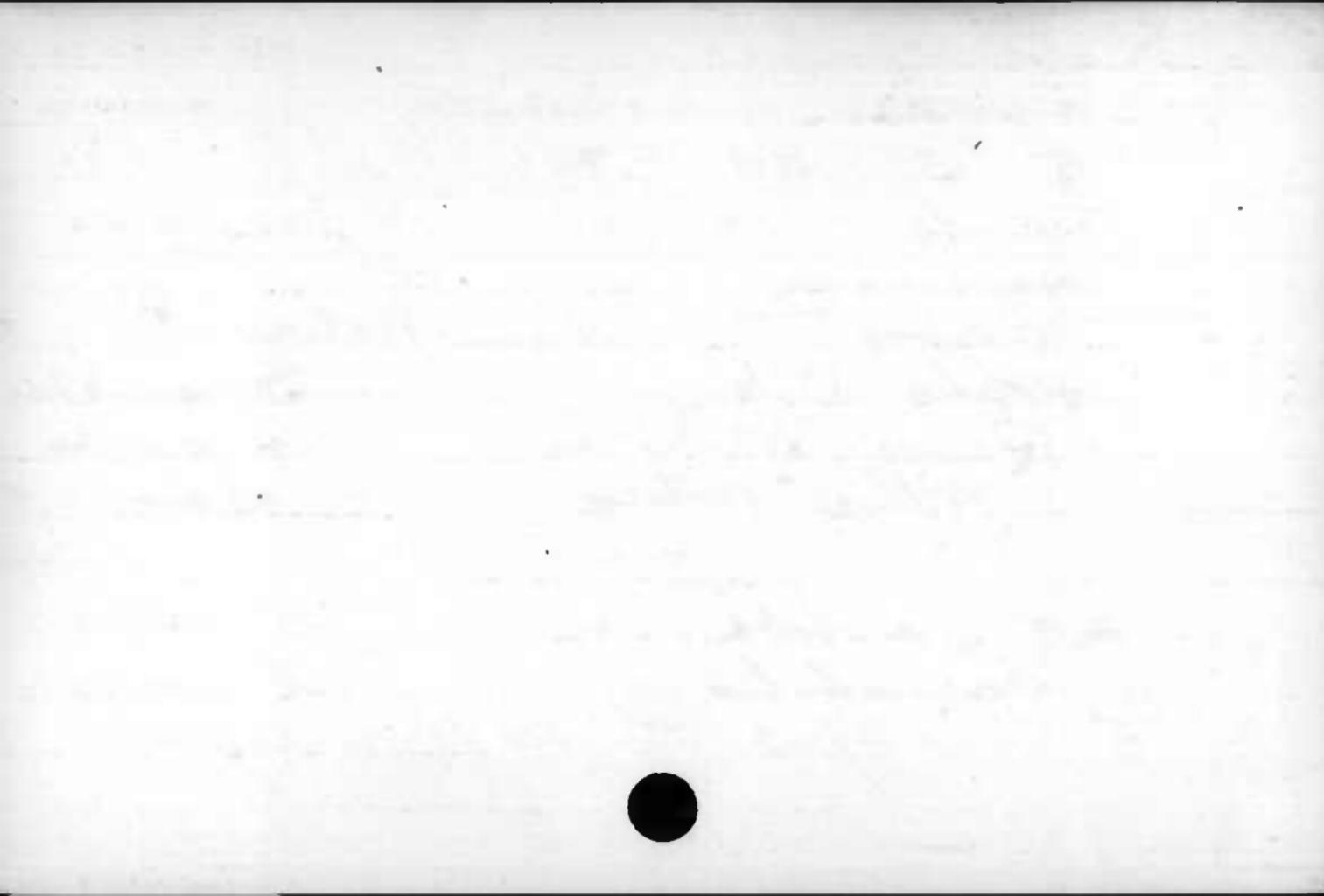
Signature of Physician

Address

Elv white

Poolesville
Md.

Accident or Suicide?



Name
in
Full

Rebecca Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

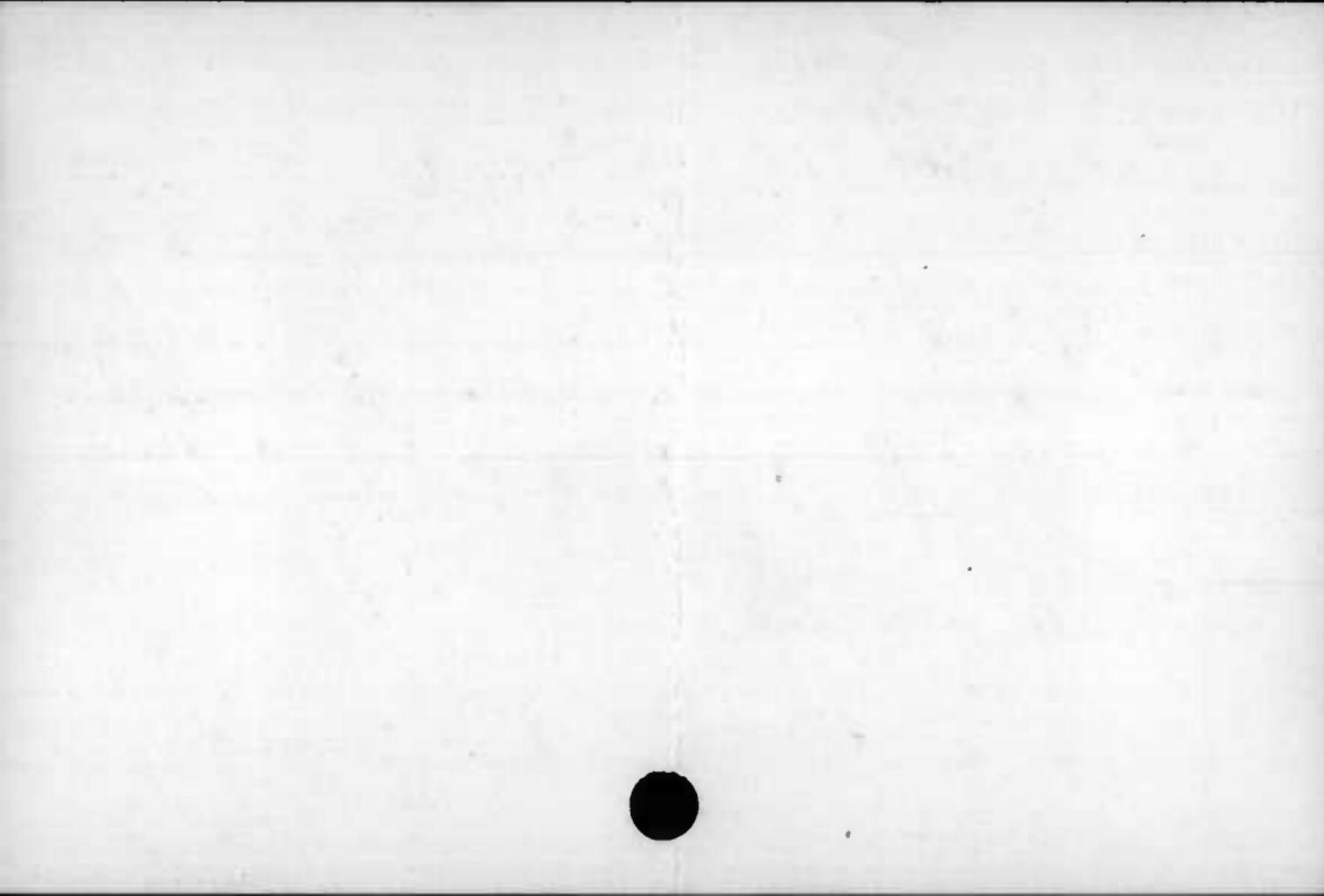
Died at <u>Germantown</u>		County <u>Montgomery</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>3</u>	Day <u>23</u>	Age <u>74</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Montgomery Co</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death					
<u>Married, Single or Widowed</u>	<u>Name of Wife or Husband</u>	<u>William Waters</u>				
Father's Name <u>Stepha Watkins</u>	Father's Birthplace <u>Damascus, Md</u>					
Mother's Maiden Name <u>Rebecca Watkins</u>	Mother's Birthplace <u>Montgomery Co.</u>					
Name of person giving information <u>William Waters</u>	How related to deceased <u>Son.</u>					
CAUSES OF DEATH						
Primary <u>La Grippe</u>			(10)		How long <u>3 Weeks</u>	
Immediate <u>Bronchitis</u>					How long <u>2 Weeks</u>	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Harriet A. Webster

Died at <u>Gwynn</u> Town <u>Montgomery</u> County				CERTIFICATE OF DEATH		
Date of death <u>1908</u>	Month <u>March</u>	Day <u>18</u>	Age <u>83</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>African</u>	Birth-place <u>Montgomery Co</u>				
Occupation <u>House Wife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Andrew Webster</u>					
Father's Name <u>Anderson Clemmons</u>	Father's Birthplace <u>Montgomery Co</u>					
Mother's Maiden Name <u>Eliza Clemmons</u>	Mother's Birthplace <u>Unknown</u>					
Name of person giving information <u>F. J. M. Webster</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

154

How long

How long

PHYSICIAN
OR CORONER

Primary

Old age and senility

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

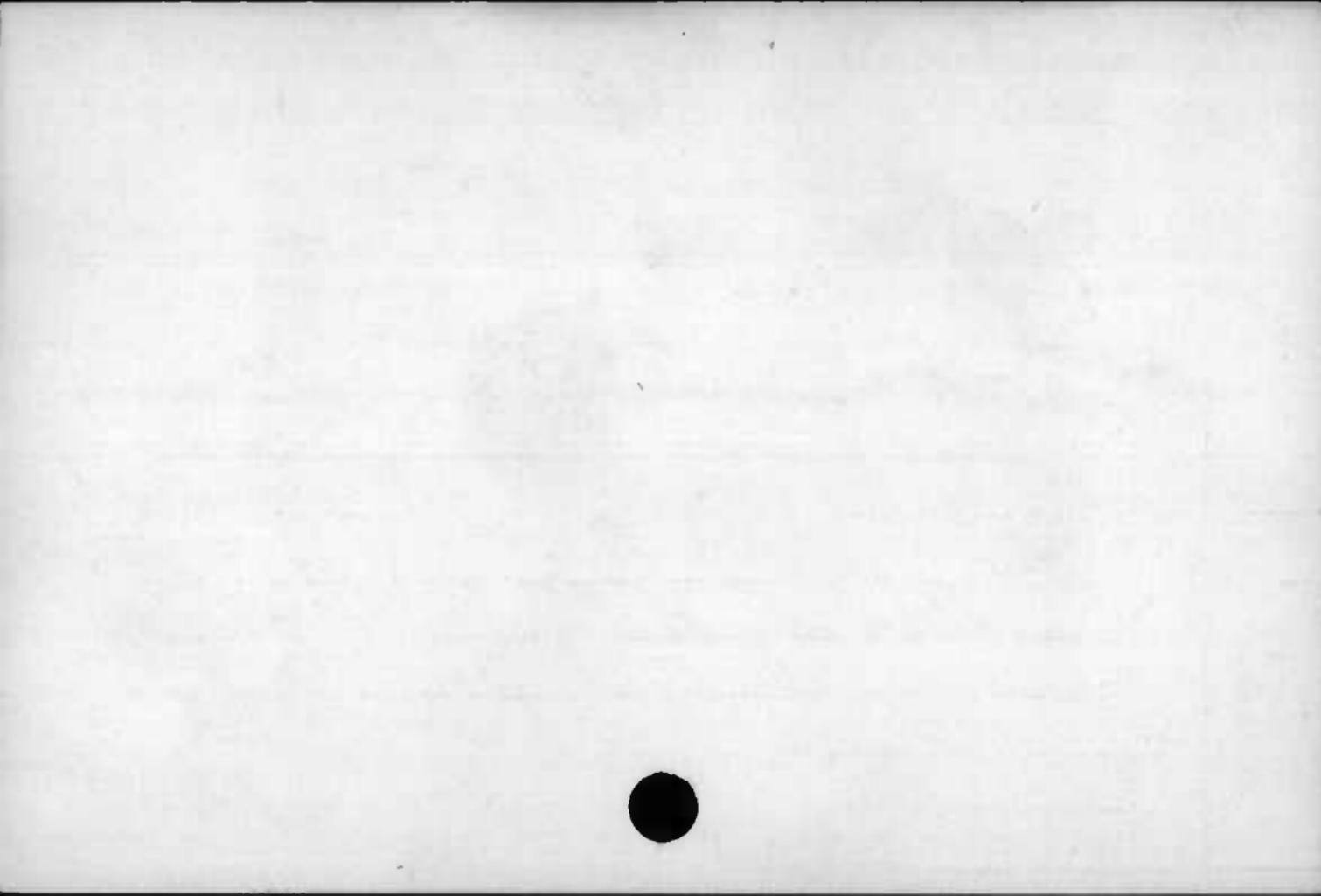
Address

Chas. Farquhar, M. D.

Olivey

Med.

Accident or Suicide?



Name
in
Full

Sophred Wolfe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Germany
Occupation Last occupation, clerk in grocery store above 6 mos. before death.			Where Residing if not at place of death	Same	
Married, Single or Widowed	Married	Name of Wife or Husband	Dont Knowd Hannah Wolff		
Father's Name	Dont Knowd Nathan Wolff			Father's Birthplace	Germany
Mother's Maiden Name	Dont Knowd Henrietta Wolff			Mother's Birthplace	Germany
Name of person giving information	Hannah Wolff			How related to deceased	Wife

CAUSES OF DEATH

27

Primary Chronic Ulcerative Phthisis

How long

4 yrs

Immediate General Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo K Baer MD
Washington DC

PHYSICIAN
OR CORONER

Copy - w. L. den
Co H.D.

Accident or Suicide? X



Name
in
Full

Ella. wood

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

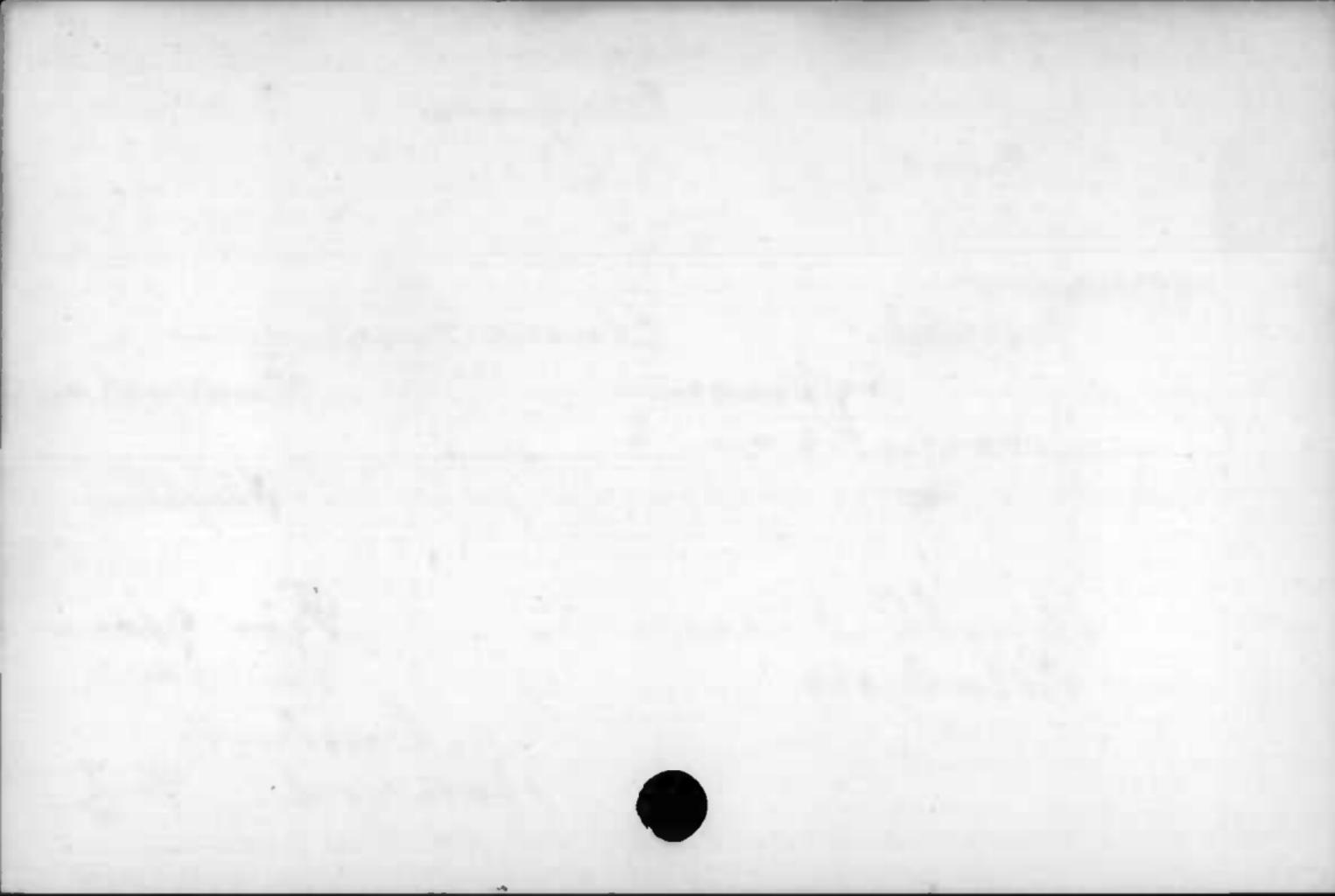
Died at		Town	County		MARYLAND		
Date of death	1908	Month 3	Day 1	Years 2	Months -	Days -	
Sex	Female	Color or Race	Colorado.		Birth-place	bed	
Occupation	None	Where Residing if not at place of death			X		
Married, Single or Widowed	X	Name of Wife or Husband	X				
Father's Name	Edeod wood			Father's Birthplace	bed		
Mother's Maiden Name	Cora Johnson			Mother's Birthplace	bed		
Name of person giving information	Ed. wood			How related to deceased	Mother		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Snif. Exhaustion	
Immediate	How long 3 wds	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	D. M. D. L. D. C. H. C. H.
	Address	Rosedale
Accident or Suicide?	bed	



Name
in
Full

Amelia M. A. F. G. Gunnerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1908	Month March	Day 6	Age 62	Years two	Months 2
Sex	Female		Color or Race	white		
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Edward Gunnerman		
Father's Name	Daniel Hoffman		Father's Birthplace Frederick as			
Mother's Maiden Name	Harriet Smith		Mother's Birthplace "			
Name of person giving information	Harriet Gunnerman		How related to deceased Daughter			

CAUSES OF DEATH

120

PHYSICIAN OR CORONER	Primary	Bright's disease		How long	Five Years
	Immediate	Paralysis		How long	Two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. H. Stonebruck		
		Address	Barnesville Md		
Accident or Suicide?					

